



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office MAY 01 2018 [Signature]

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: APRIL 27, 2018
Type: New Amended (if amending, enter MEC ID C141324 & section changed 6)

2. Committee Information

NAME OF COMMITTEE: FRIENDS OF KIRK MATHEWS
Committee Mailing Address, City, State, & Zip: 18161 MERAMEC VISTA LANE, PACIFIC MO 63069 Telephone Number: (314) 402-9000

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last):
Treasurer's Mailing Address, City, State, & Zip:
Deputy Treasurer's Name (if one appointed):
Deputy Treasurer's Mailing Address, City, State, & Zip:
Treasurer's Email Address (optional):
Treasurer's Home Telephone Number: ()
Treasurer's Work Telephone Number: ()
Deputy Treasurer's Email Address (optional):
Dep. Treasurer's Home Telephone Number: ()
Dep. Treasurer's Work Telephone Number: ()

Amendment

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any):
Additional Committee Officer's Mailing Address, City, State, & Zip:
Connected Organization's Name (if any):
Connected Organization's Mailing Address, City, State, & Zip:

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution: Account Name: Account Number:

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: Kirk Mathews 18161 Meramec Vista Ln. Pacific MO 63069 Telephone Number (Candidate Committees Only): (314) 402-9000
Election Date: 2024 Office Sought & Political Subdivision: STATEWIDE Political Party: REPUBLICAN Support or Oppose: SUPPORT

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: Election Date & Political Subdivision: Support or Oppose:

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

[Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)