



Office **JAN 15 2019**

Statement of Committee Organization

1. Statement Information

Date: 01/10/19
 Type: New Amended (if amending, enter MEC ID C091068 & section changed ^{2 - Email/Phone; 3 - Deputy Treasurer} _____)

2. Committee Information

House Republican Campaign Committee, Inc.
 Name of Committee
PO Box 1313, Jefferson City, MO 65102-1313
 Committee Mailing Address, City, State, & Zip (314) 394-3370
 Telephone Number

 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

<u>Mark Milton</u> Treasurer's Name (First & Last)	_____ Treasurer's Email Address (optional)
<u>10260 Manchester Road, St. Louis, MO 63122</u> Treasurer's Mailing Address, City, State, & Zip	<u>()</u> _____ Treasurer's Home Telephone Number
<u>10260 Manchester Road, St. Louis, MO 63122</u> Deputy Treasurer's Name (if one appointed)	<u>()</u> _____ Deputy Treasurer's Email Address (optional)
<u>10260 Manchester Road, St. Louis, MO 63122</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>(314) 394-3370</u> Dep. Treasurer's Home Telephone Number
	<u>()</u> _____ Dep. Treasurer's Work Telephone Number

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

AMENDMENT

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

_____ Name & Mailing Address, City, State & Zip of Candidate	<u>()</u> _____ Telephone Number (Candidate Committees Only)
_____ Election Date	<u>()</u> _____ Office Sought & Political Subdivision
_____ Political Party	_____ Support or Oppose

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

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

 Candidate (Candidate Committees Only)