



# Statement of Committee Organization

**1. Statement Information**

Date: 04/17/2019  
 Type:  New  Amended (if amending, enter MEC ID C091068 & section changed 3 - Treasurer; Deputy Treasurer Address)

**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**

Kathie Conway  
 Treasurer's Name (First & Last)  
3904 Cambridge Crossing Dr., St. Charles, MO 63304  
 Treasurer's Mailing Address, City, State, & Zip  
(314) 239-5321  
 Treasurer's Home Telephone Number  
( )  
 Treasurer's Work Telephone Number  
Mark Milton  
 Deputy Treasurer's Name (if one appointed)  
12026 Manchester Road, St. Louis, MO 63131  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Deputy Treasurer's Email Address (optional)  
(- )  
 Dep. Treasurer's Home Telephone Number  
(314) 394-3370  
 Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

AMENDMENT  
 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  
 \_\_\_\_\_  
 Telephone Number (Candidate Committees Only)  
 \_\_\_\_\_  
 Election Date  
 \_\_\_\_\_  
 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

**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.  
*Kathie Conway*  
 Committee Treasurer  
 \_\_\_\_\_  
 Candidate (Candidate Committees Only)