



Office Use:
 PD NOV 0 5 2019

Statement of Committee Organization

1. Statement Information

Date: 09/20/2019
 Type: New Amended (if amending, enter MEC ID C151102 & section changed 3)

2. Committee Information

Name of Committee _____
 Committee Mailing Address, City, State, & Zip _____ Telephone Number (____) _____
 Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Thomas R. Hughes
 Treasurer's Name (First & Last) _____
239 Fox Hill Road, St. Charles, MO 63301
 Treasurer's Mailing Address, City, State, & Zip _____
 Treasurer's Home Telephone Number (636) 940-9300
 Treasurer's Work Telephone Number (____) _____
 Deputy Treasurer's Name (if one appointed) _____ Deputy Treasurer's Email Address (optional) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip _____ Dep. Treasurer's Home Telephone Number (____) _____
 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 _____

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.

Thomas R. Hughes Committee Treasurer [Signature] Candidate (Candidate Committees Only)