

Committee Treasurer

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

Statement of Committee Organization

Office Use:	
C211555	

1. Statement Informati	on		
Date: 02/01/2021			
Type: New	pe: New Amended (if amending, enter MEC ID		hanged)
. Committee Informat	ion		
Haubrich for Missouri			
Name of Committee 6035 W Outer Road #	851 Imperial, MO 63052		(636) 208-4705
Committee Mailing Address, City,			Telephone Number
[REDACTED] Official Committee Email Address	<u> </u>	Jefferson County Clerk County Clerk, Board of Election Commissi	oners, Federal PAC/Out of State Committee
Committee Type:	Campaign Candidate Continu		Exploratory Political Pary
Treasurer/Deputy Tre	easurer Information		
Kyle Haubrich		[REDACTED]	
Treasurer's Name (First & Last)	4 Imporial MO C2052	Treasurer's Email Address (optional)	
Treasurer's Mailing Address, City,	1 Imperial, MO 63052 State, & Zip	(636) 208-4705 Phone 1	Phone 2
		[REDACTED]	
Deputy Treasurer's Name (if one	appointed)	Deputy Treasurer's Email Address (option	aal)
Deputy Treasurer's Mailing Addre	ess, City, State, & Zip	Phone 1	Phone 2
. Additional Committe	e Information		
Brett Dinkins (Campai	gn Manager/Consultant)	914 S Kirkwood Rd. Saint Lo	ouis, MO 63122
Additional Committee Officer's N	ame & Title (if any)	Additional Committee Officer's Mailing Ad	ddress, City, State, & Zip
Connected Organization's Name ((if any)	Connected Organization's Mailing Addres	s, City, State, & Zip
CANDIDATES: Do you	have more than one candidate committee	e? Yes (refer to instruction	ns on back) No
. Official Bank Account	: Information (required by all committees	5)	_
[REDACTED]		[REDACTED]	[REDACTED]
Name & Mailing Address, City, Sta		Account Name	Account Number
	or Opposed (candidate committees mus		
63052	V Outer Road #851 Imperial, MO	(636) 208-4705	
Name & Mailing address, City, Sta	ate, & Zip of Candidate	Phone 1	Phone 2
08/02/2022	State	Republican	-
	Representative/Missouri House of Representatives		
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supp	orted or Opposed (campaign committees	must complete this section)	
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
. Signature(s) Check ce	rtification(s) & sign (required by all comr	nittees)	
■affirm and attest u	ınder penalty of perjury that information a	and facts in this report are comp	
_	that I am aware that any false statement	·	
ELECTRONICALLY FILED Jan 13 2021 09:57 AM		ELECTRONICALLY FILED Jan 13 2021 09:57 AM	

Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 10/2019)