



Office Use:
 A222063

Statement of Committee Organization

1. Statement Information

Date: 01/04/2022
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Tara Hagin For Fox
 Name of Committee

3742 Sierra Dr. Barnhart, MO 63012
 Committee Mailing Address, City, State, & Zip

(314) 299-9235
 Telephone Number

[REDACTED]
 Official Committee Email Address

Jefferson County Clerk
 County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Benjamin Hagin
 Treasurer's Name (First & Last)

[REDACTED]
 Treasurer's Email Address (optional)

3742 Sierra Dr. Barnhart, MO 63012
 Treasurer's Mailing Address, City, State, & Zip

(314) 910-8651
 Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

[REDACTED]
 Deputy Treasurer's Email Address (optional)

/
 Deputy Treasurer's Mailing Address, City, State, & Zip

Phone 1

Phone 2

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)

[REDACTED]
 Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]
 Account Name

[REDACTED]
 Account Number

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

Tara Hagin 3742 Sierra Dr. Barnhart, MO 63012
 Name & Mailing address, City, State, & Zip of Candidate

(314) 299-9235
 Phone 1

Phone 2

04/05/2022
 Election Date

Boardmember/Fox C-6
School District
 Office Sought & Political Subdivision

Non-Partisan
 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.

ELECTRONICALLY FILED Jan 4 2022 05:28 PM
 Committee Treasurer

ELECTRONICALLY FILED Jan 4 2022 05:28 PM
 Candidate (Candidate Committees Only)