



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C091061

OFFICE USE ONLY  
*De*

STATEMENT DATE 2/14/2011	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 18(B)
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3. FULL NAME OF COMMITTEE **Scott Sifton for State Representative**

4. COMMITTEE MAILING ADDRESS ADDRESS: 9814 Berwick Place CITY / STATE / ZIP: St. Louis, MO 63123	5. TELEPHONE NUMBER (314) 631-0445
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6. TREASURER'S NAME **Stephen Pope**

7. TREASURER'S MAILING ADDRESS ADDRESS: 9627 Dana Avenue CITY / STATE / ZIP: St. Louis, MO 63125	8. TELEPHONE NUMBER HOME: (314) 544-1725 WORK: (314) 644-4305
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9. DEPUTY TREASURER'S NAME **Scott Sifton**  CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: 9814 Berwick Place CITY / STATE / ZIP: St. Louis, MO 63123	11. TELEPHONE NUMBER HOME: (314) 631-0445 WORK: (314) 480-1500
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12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE N/A	13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)		
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.

15. TYPE OF COMMITTEE  
 CANDIDATE  POLITICAL PARTY  POLITICAL ACTION (PAC)  CAMPAIGN  EXPLORATORY  DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
Scott Sifton	9814 Berwick Place	(314) 631-0445	Democrat

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME	B. ADDRESS
N/A	

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	E. SUPPORT	F. OPPOSE
Scott Sifton	8/7/2012	State Representative	96th District	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED			CHECK ONE	
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. SUPPORT	F. OPPOSE
N/A			<input type="checkbox"/>	<input type="checkbox"/>

20. COMMITTEE TREASURER'S SIGNATURE  
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

*Stephen Pope*  
TREASURER'S SIGNATURE

FEB 14 2011  
HAND DELIVERED

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)  
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

*SS*  
CANDIDATE'S SIGNATURE