

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

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Office Use:	8W
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Statement of Committee Organization

Statement Information		
Date: 9/8/13	0171100	
Type: New Amended (if amending, enter MEC ID	6 <u>C 13 1129</u> & section	changed)
Committee Information		
Missouri Solutions	·	·
Name of Committee		
3426 Riverchase Parkway, St. Charles, Mo		(314) 420-5318
Committee Haming readicity, eath, state, at 21p		reaphone Number
Official Committee Email Address	County Clerk or Board of Election Comm	nissioners
Committee Type: Campaign Candidate Conti	inuing (PAC) Debt Service E	xploratory Political Party
Treasurer/Deputy Treasurer Information		
Kevin Green		
Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
1517 Greenfield Crossing Court	(636)394-5577	(314) 569-2444
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
Ballwin, MO 63021 Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optic	nal)
Deputy Treasurer's Name (if one appointed)	d \	/ \
Deputy Treasurer's Mailing Address, City, State, & Zip		ber Dep. Treasurer's Work Telephone Number
Additional Committee Information		
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Additional Committee Officer's Name & Title (if any)	3426 Riverchase Additional Committee Officer's Mailing	Parkury ST Charles mo
Connected Organization's Name (If any)	Connected Organization's Mailing Addre	ess, City, State, & Zip
CANDIDATES: Do you have more than one candidate com	mittee? Yes (refer to instructions	on back) 📝 No
Official Bank Account Information (required by all comm	ittees)	
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	,
Candidate Supported or Opposed (candidate committees	s must include self, if candidate)	
	()	()
Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committ	ees Only)
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supported or Opposed (campaign commi	ttees must complete this section)	
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by al	ll committees)	
I affirm and attest under penalty of perjury that informa	tion and facts in this report are com	nplete, true, and accurate. I
further acknowledge that I am aware that any false statem	•	
Rai Sheen		
Committee Transurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2012) Form must be completed in full & contain original signature(s), fax filings are not accepted.