



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

Office Use: AB EW

# Statement of Committee Organization

**1. Statement Information**

Date: 11/14/13

Type:  New  Amended (if amending, enter MEC ID C131168 & section changed \_\_\_\_\_)

**2. Committee Information**

Chesterfield Township GOP  
 Name of Committee

17726 Westhampton Woods Ct 6303213633  
 Committee Mailing Address, City, State, & Zip Telephone Number

St. Louis Co BOEC  
 County Clerk or Board of Election Commissioners

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

**3. Treasurer/Deputy Treasurer Information**

Gloria DeCamp  
 Treasurer's Name (First & Last)

16710 Chesterfield Manor Dr  
 Treasurer's Mailing Address, City, State, & Zip

NA  
 Deputy Treasurer's Name (if one appointed)

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

Treasurer's Email Address (optional)

(636) 530-0982  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Jennifer Kelly Committee women 17726 Westhampton Wood Ct  
 Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip

Wildwood MO 63005  
 Connected Organization's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

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)**

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

NA \_\_\_\_\_  
 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)**

NA \_\_\_\_\_  
 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.

Committee Treasurer

Candidate (Candidate Committees Only)

Missouri Ethics Commission  
 NOV 18 2013