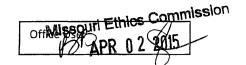


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
Date: 04/02/2015 C 15107 U			
	Type: New Amended (if amending, enter MEC ID Applied For & section changed)		
2.	Committee Information		
	lannegan For State Representative		
	223 North Main Street; St. Charles, MO 63	301	,636 ₁ 299-3585
	Committee Mailing Address, City, State, & Zip		Telephone Number
		St. Charles County	
	Committee Type: Campaign Candidate Continuing (F		
2	3. Treasurer/Deputy Treasurer Information		
٥.	Scott Mell	Andrew State Control of the Control	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	223 North Main Street; St. Charles, MO 63301	(314 \537 - 5655	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		1	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	N/A		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity State & 7in
5.	CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No Official Bank Account Information (required by all committees)		
	Constant and Automation (required by an economical)		
6.	Candidate Supported or Opposed (candidate committees must	include self. if candidate)	
	Tom Hannegan 316 Jefferson Street; St. Charles, MO 63301	(636)299-3585	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	Only)
	08/02/2016 District 65/State Rep.	Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)			
	N/A		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all committees)		
affirm and aftest under penalty of perjury that information and facts in this report are complete, true, and accurate.			
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
Wolfleel Iranant. At			: Hameçan
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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