



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

Missouri Ethics Commission
 APR 02 2015

Statement of Committee Organization

1. Statement Information

Date: 04/02/2015
 Type: New Amended (if amending, enter MEC ID C151076 Applied For & section changed _____)

2. Committee Information

Hannegan For State Representative
 Name of Committee
223 North Main Street; St. Charles, MO 63301 (636) 299-3585
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Charles County
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Scott Mell
 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)
 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, 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)

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 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

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)