



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

Office Use: AL

Statement of Committee Organization

1. Statement Information

Date: May 19, 2015
 Type: New Amended (if amending, enter MEC ID C151101 & section changed _____)

2. Committee Information

Keep MRH Strong
 Name of Committee
7700 Bonhomme, 7th Floor, Clayton MO 63105 (314) 727-0101
Name of Committee Address, City, State, & Zip Telephone Number
St. Louis County
County Clerk or Board of Election Commissioners
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Nelson L. Mitten
Treasurer's Name (First & Last)
7700 Bonhomme, 7th Floor, Clayton MO 63105
Treasurer's Mailing Address, City, State, & Zip
(314) 6440919 (314) 727-0101
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed) _____
Deputy Treasurer's Email Address (optional)
() ()
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

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)

Name & Mailing Address, City, State, & Zip of Financial Institution _____

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

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)

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.
Nelson L. Mitten
Committee Treasurer Candidate (Candidate Committees Only)