



Office Use: BD JN

Statement of Committee Organization

1. Statement Information

Date: 6/3/15
 Type: New Amended (if amending, enter MEC ID C151106 & section changed _____)

2. Committee Information

Name of Committee: St. Louis Young Republicans
 Committee Mailing Address, City, State, & Zip: P.O. Box 410761, St. Louis MO 63141 Telephone Number: (314) 398-6384
 County Clerk or Board of Election Commissioners: St. Louis county BOEC
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Pam Dixon
 Treasurer's Mailing Address, City, State, & Zip: 3871 McDonald Ave. St. Louis, MO 63114
 Treasurer's Home Telephone Number: (314) 398-6384 Treasurer's Work Telephone Number: ()
 Deputy Treasurer's Name (if one appointed): Jeff Evitts
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Dep. Treasurer's Home Telephone Number: (314) 604-3437 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)

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.

Pamela Dixon
 Committee Treasurer Candidate (Candidate Committees Only)