

Packet (Rev. 11/2014)

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

Office Use:

Statement of Committee Organization

1.	Statement Information		
	Date: 4/17/15		
	Type: New Amended (if amending, enter MEC ID CUS	51177 & section changed	_)
2.	Committee Information Fleat Terry 1 111500 State Rep		
	Name of Committee		. 10
	a 385 Ha UDY-HEY ALL St. Laus,	MO 63136 (314) 88 2-0(06)	7
		St. Lows County	
	Committee Type: Campaign Candidate Continuing (F	PAC) Debt Service Exploratory Political Party	
3.	Treasurer/Deputy Treasurer Information	PAC)POINTEAL PARTY	
٥,	Lachrista Wilson		
	Treasurer's Name (First & Last) NO Vo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Treasurer's Email Address (optional)	
	Treusurer's Mulling Address, City, State, & Zip	Treasurer's Home Talephone Number Treesurer's Work Telephone Number	_
	NA		
	Deputy Treasurer's Name (If one applointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Addrdss, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number	er :
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Address, City, State, & Zip	
	NIA		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip	
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	Yes (refer to instructions on back) No	
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate of Louis, MO (3)36	() Telephone Number (Candidate Committees Only)	
	8/2/16 Shite Representative	Democrat Support	
	Election Date Office Sought & Political Subdivision	Political Party Support of Oppose	
,7 .	Ballot Measure Supported or Opposed (campaign committees m	iust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose	_
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
`	affirm and attest 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 d	aeciaration made herein is punishable under Ch. 575 RSMo.	
	Committee Treasurer	Cardidate (Condidate Committees Only)	-
мо	300-1308 Form must be completed in full & contain orig	ginal signature(s), fax filings are not accepted. Page 1 o	of 3

MISSOURI ETHICS COMMISSION