



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

Office Use: *HB* *SA*

1. Statement Information

Date: September 8, 2016

Type: New Amended (If amending, enter MEC ID C161335 & section changed _____)

2. Committee Information

HOME PAC

Name of Committee

P.O. Box 1865, Jefferson City, MO 65102

(573) 634-4876

Telephone Number

Cole County, Steve Korsmeyer, Clerk

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

Kathleen Sorkin

Treasurer's Name (First & Last)

168 North Meramec, Suite 200 (Attn: Kathleen Sorkin, Rosemann & Associates)

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Treasurer's Home Telephone Number

(314) 687-7030

Treasurer's Work Telephone Number

Treasurer's Mailing Address, City, State, & Zip

St. Louis, MO

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Name (if one appointed)

none

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

Deputy Treasurer's Mailing Address, City, State, & Zip

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

MO Workforce Housing Association

Additional Committee Officer's Mailing Address, City, State, & Zip

P.O. Box 1865 Jefferson City, MO 65102

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 of Bank

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

Name & Mailing Address, City, State & Zip of Candidate

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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.

Kathleen Sorkin, Treasurer
 Committee Treasurer

Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION