



Statement of Committee Organization

1. Statement Information

Date: 9-12-16
Type: [] New [x] Amended (if amending, enter MEC ID C 111218 & section changed)

2. Committee Information

Name of Committee: Routhicks for State Representative
Committee Mailing Address, City, State, & Zip: 27 Wild Ginger Ct O'Fallon MO 63368
Telephone Number: (630) 328-7050

Committee Type: [] Campaign [x] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): GAIL SLATER
Treasurer's Mailing Address, City, State, & Zip: 82 Green # 7 Tor St Charles MO 63303
Treasurer's Home Telephone Number: (636) 406-2226
Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): AMENDMENT
Connected Organization's Name (if any):

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:
Account Name:
Account Number:

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

Name & Mailing Address, City, State & Zip of Candidate: 27 Wild Ginger of O'Fallon MO 63368
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.

Committee Treasurer: Gail Slater
Candidate (Candidate Committees Only):