



Office Use: BB [Signature]

# Statement of Committee Organization

**1. Statement Information**

Date: Sept. 23, 2014  
 Type:  New  Amended (if amending, enter MEC ID C000983 & section changed 2, 3, 4)

**2. Committee Information**

Name of Committee: Jefferson County Republican Central Committee  
 Committee Mailing Address, City, State, & Zip: 1802 Gravois Road, High Ridge, MO 63049  
 Telephone Number: (636) 795-1724  
 County Clerk or Board of Election Commissioners: Wes Wagner, Jefferson County

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

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): Leslie Hanson  
 Treasurer's Mailing Address, City, State, & Zip: P.O. Box 284 High Ridge, MO 63049  
 Treasurer's Home Telephone Number: (636) 376 3378  
 Treasurer's Work Telephone Number: (314) 605 9894

Deputy Treasurer's Name (First & Last): [Signature]  
 Deputy Treasurer's Mailing Address, City, State, & Zip: AMENDMENT  
 Deputy Treasurer's Home Telephone Number: ( )  
 Deputy Treasurer's Work Telephone Number: ( )

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any): Angela Alter - Wren, Chairman  
 Connected Organization's Name (if any): 1802 Gravois Road, High Ridge, MO 63049  
 Additional Committee Officer's Mailing Address, City, State, & Zip: Jim Berberich, Vice Chair  
 Connected Organization's Mailing Address, City, State, & Zip: 2840 Springview, Imperial, MO 63052

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: [Signature]  
 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: [Signature]  
 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: Leslie A. Hanson, Treasurer  
 Candidate (Candidate Committees Only): [Signature]