

Missouri Ethics Commission  
OCT 03 2016



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

Office Use *PD* *BY*

### Statement of Committee Organization

1. **Statement Information**

Date: 9/30/16  
Type:  New  Amended (if amending, enter MEC ID C131006 & section changed \_\_\_\_\_)

2. **Committee Information**

Name of Committee: MO 24th Senatorial Committee - Republican  
Committee Mailing Address, City, State, & Zip: 847 Deaver Lane STL MO 63141 Telephone Number: (314) 805-6020  
Office: \_\_\_\_\_ County Clerk or Board of Election Commissioners: St Louis County Bd of Election Com  
Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

3. **Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): Neal Breitwieser  
Treasurer's Mailing Address, City, State, & Zip: 847 Deaver Ln STL MO 63141  
Treasurer's Home Telephone Number: (314) 872-4382 Treasurer's Work Telephone Number: (314) 805-6020  
Deputy Treasurer's Name (if one appointed): **AMENDMENT**  
Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
Deputy Treasurer's Home Telephone Number: \_\_\_\_\_ Deputy Treasurer's Work Telephone Number: \_\_\_\_\_

4. **Additional Committee Information**

Additional Committee Officer's Name & Title (if any): Tom Wilsdon Chairman  
Additional Committee Officer's Mailing Address, City, State, & Zip: 2027 Sandfield MO 63146  
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)**

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