



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

Missouri Ethics Commission
 Office Use:
 OCT 25 2016

Statement of Committee Organization

gjs

1. Statement Information

Date: 10-20-2016
 Type: New Amended (if amending, enter MEC ID C051199 C051200 & section changed 2)

2. Committee Information

Plumbing Industry Council Local PAC

Name of Committee

11472 Schenk Drive

Committee Mailing Address, City, State, & Zip

(314) 7700093

Telephone Number

Special Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Sterling Wells

Treasurer's Name (First & Last)

11472 Schenk Drive

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

G. Raymond Hefner

Deputy Treasurer's Name (if one appointed)

11472 Schenk Drive

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

Treasurer's Email Address (optional)

(573) 3668290

Treasurer's Home Telephone Number

(314) 7700093

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

(314) 3682937

Dep. Treasurer's Home Telephone Number

(314) 7700093

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

None

Additional Committee Officer's Name (if any)

None

Connected Organization's Name (if any)

None

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

None

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)

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

Candidate (Candidate Committees Only)