



Statement of Committee Organization

1. Statement Information

Date: 10-21-2016
 Type: New Amended (if amending, enter MEC ID Ake1534 & section changed _____)

2. Committee Information

Name of Committee: Committee to Elect MARY West
 Committee Mailing Address, City, State, & Zip: 71 Eagle Cove Lane, St. Charles, MO 63303
 Telephone Number: (314) 608-6867

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Nancy Matheny
 Treasurer's Mailing Address, City, State, & Zip: 1775 Buckingham Green, St. Charles, MO 63303
 Treasurer's Home Telephone Number: (314) 223-4045
 Treasurer's Work Telephone Number: ()
 Deputy Treasurer's Name (if one appointed): _____
 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): _____
 Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 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: Committee to Elect MARY WEST, 71 Eagle Cove Lane, St. Charles, MO 63303
 Telephone Number (Candidate Committees Only): (314) 608-6867
 Election Date: April 4, 2017
 Office Sought & Political Subdivision: City Council, City of St. Charles Ward 4
 Political Party: Republican
 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: Nancy Matheny
 Candidate (Candidate Committees Only): Mary West