



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

Missouri Ethics Commission
 Office Use
 DEC 19 2016

Statement of Committee Organization

1. Statement Information

Date: 12-14-16

Type: New Amended (if amending, enter MEC ID C161411 & section changed _____)

2. Committee Information

Name of Committee: Committee to Elect Mary Hill

Committee Mailing Address, City, State, & Zip: P.O. Box 855 Liberty MO 64068

Telephone Number: (816) 456-4538

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Nishi Dunning
 Treasurer's Mailing Address, City, State, & Zip: 992 Ellis Liberty MO 64068

Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (816) 792-2943
 Treasurer's Work Telephone Number: (816) 517-9920

Deputy Treasurer's Name (if one appointed): Rebecca Fowler
 Deputy Treasurer's Mailing Address, City, State, & Zip: 622 Dixie Liberty MO

Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: (816) 679-6679
 Dep. Treasurer's Work Telephone Number: () 0

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 Hill

Telephone Number (Candidate Committees Only): (816) 456-4538 (816) 792-0630

Election Date: 2018
 Office Sought & Political Subdivision: Mo House Dist 17

Political Party: Republican
 Support or Oppose: Support

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: [Signature]

Candidate (Candidate Committees Only): [Signature]