



Office Use **OCT 05 2017**

# Statement of Committee Organization

**1. Statement Information**

Date: 10/04/17  
 Type:  New  Amended (if amending, enter MEC ID C000822 & section changed treasurer)

**2. Committee Information**

Clayton Township Republican Org.

Name of Committee

14 Blaytonn Lane

(324) 993.1990

Committee Mailing Address, City, State, & Zip

Telephone Number

Ladue, Mo. 63124

Official 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**

none Maryann Rober

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

14 Blayton Ln, Ladue MO 63124 (314) 993.1990

Treasurer's Home Telephone Number

( ) n/a

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

Treasurer's Work Telephone Number

NO DEPUTY TREASURER

none

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any)

**Amendment**

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

( ) ( )  
 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

*(Signature)*  
(Maryann Rober)

Candidate (Candidate Committees Only)