



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

Missouri Ethics Commission

Office Use: AUG 03 2020

Statement of Committee Organization

1. Statement Information

Date: 07/29/2020
 Type: New Amended (if amending, enter MEC ID C151237 & section changed _____)

2. Committee Information

Name of Committee: Friends of Nick Schroer
 Committee Mailing Address, City, State, & Zip: PO Box 514, O'Fallon, MO 63366
 Telephone Number: (314) 605-8691
 St. Charles County
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Josh Murphy
 Treasurer's Mailing Address, City, State, & Zip: 658 Knollshire Way, Dardenne Prairie, MO 63368
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (217) 415-6694 Treasurer's Work Telephone Number: ()
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name (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: Nick Schroer, 305 San Jose Drive, O'Fallon, MO 63366
 Telephone Number (Candidate Committees Only): (314) 605-8691
 Election Date: 8/4/2020 Primary; 11/3/2020 General Office Sought & Political Subdivision: State Representative 107th
 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]