

C211630

Missouri Ethics Commission



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573 526-4506, helpdesk@mec.mo.gov
Statement of Committee (Organization)

MAY 06 2021
Office Use:
Received by Fax

1. Statement Information

Date: 05/01/2021
Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

CITIZENS FOR SOMMER
Name of Committee:
901 BOONE'S LICK ROAD, SAINT CHARLES, MO 63301-2464 (314) 566-4552
Committee Mailing Address, City, State, & ZIP Telephone Number
SAINT CHARLES COUNTY ELECTION AUTHORITY
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [] Campaign [X] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

MIKE SOMMER
Treasurer's Name (First & Last)
901 BOONE'S LICK ROAD, SAINT CHARLES, MO 63301-2464
Treasurer's Mailing Address, City, State, & Zip
CHRISSEY SOMMER
Deputy Treasurer's Name (if one appointed)
6 WILLIAMSBURG COURT, SAINT CHARLES, MO 63303-5036
Deputy Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional) (314) 566-4553 (636) 946-2727
Deputy Treasurer's Email Address (optional) (314) 566-4552
Dep. Treasurer's Home Telephone Number Dep. 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) [X] No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

CHRISSEY SOMMER, 6 WILLIAMSBURG COURT, SAINT CHARLES, MO 63303-5036
Name & Mailing Address, City, State, & Zip of Candidate
08/02/2022 SAINT CHARLES COUNTY GOVERNOR - DISTRICT 5
Election Date Office Sought & Political Subdivision
(314) 566-4552 Telephone Number (Candidate Committees Only)
REPUBLICAN SUPPORT
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)

[X] 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.
Michael E. Sommer CPA
Committee Treasurer
[Signature]
Candidate (Candidate Committees Only)