C190987

Missouri Etnics Commission



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

FEBrock 12822

Statement of Committee Organization

Statement Information			
Date: 1.19.2022	90987	6 .	
Type: New Amended (if amending, enter MEC ID C1	90987 & section c	hanged <u>U</u>)	
Citizens for Anne Schweitzer			
4063 Haven St. St. Louis MO 631		(314)420-4406	
Committee Mailing Address, City, State, & Zip	Board of Elections	Telephone Number S. City of St Louis	
Official Committee Email Address		oners, or Federal PAC/Out of State Committee	
Committee Type: $\ \square$ Campaign $\ \blacksquare$ Candidate $\ \square$ Continuing	(PAC) 🗆 Debt Service 🗀 Exp	oloratory 🔲 Political Party	
Treasurer/Deputy Treasurer Information		- · · · · · · · · · · · · · · · · · · ·	
M Jane Schweitzer			
Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
6725 Westway Rd. St Louis MO 63109	(314 ₎ 650-3460	<u>()</u>	
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	. Treasurer's Work Telephone Number	
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (options	a()	
	[]	···	
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numbe	Dep. Treasurer's Work Telephone Number	
Additional Committee Information			
Charles and Colors of the Section of the Particle of the Land Colors o			
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	e? Tyes (refer to instructions or	n back) 🗀 No	
Official Bank Account Information (required by all committees			
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
Candidate Supported or Opposed (candidate committees mus	t include self, if candidate)	र प्र	
Anne M Schweitzer	(314)420-4406	()	
Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committee		
3.7.2023 Primary Alderwoman Ward 1 City of St Louis	Democrat	Support	
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose ,	
Ballot Measure Supported or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
Signature(s) - Check certification(s) & sign (required by all con	ımittees)'		
☑ I affirm and attest under penalty of perjury that information	and facts in this report are com	plete, true, and accurate. I	
further acknowledge that I am aware that any false statement o	· · · · · · · · · · · · · · · · · · ·	-	
My who have		or a community	
Committee Treasurer	Candidate (Candidate Committees Only)		

MO 300-1308 Packet (Rev. 1/2021)