

C211630



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

MO Ethics Commission  
Office Use:  
SEP 20 2022  
Rec'd by email

# Statement of Committee Organization

### 1. Statement Information

Date: 09/19/2022  
Type:  New  Amended (if amending, enter MEC ID C211630 & section changed 6)

### 2. Committee Information

**CITIZENS FOR SOMMER**  
Name of Committee

Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Official Committee Email Address \_\_\_\_\_ 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) \_\_\_\_\_ Treasurer's Email Address (optional) \_\_\_\_\_

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 (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) \_\_\_\_\_ 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)

Name & Mailing Address, City, State, & Zip of Financial Institution \_\_\_\_\_ Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

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

**CHRISSE SOMMER, 6 WILLIAMS** (314) 566-4552 \_\_\_\_\_  
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
08/04/2026 SAINT CHARLE REPUBLICAN SUPPORT  
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.

Michelle E. Sommer, Treasurer  
Committee Treasurer

[Signature]  
Candidate (Candidate Committees Only)