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

NOV 17 2023
Office Use:

Statement of Committee Organization

1. **Statement Information**
Date: 11/3/2023

Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. **Committee Information**
Friends to Elect Connie Steinmetz

Name of Committee
3124 Autumn Shores Dr. Maryland Heights, MO 63043 (314) 799-2196
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**
Jean Hammer

Treasurer's Name (First & Last)
2824 Laurel View Ln Maryland Heights, MO 63043
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional) (314) 494-2118
Treasurer's Home Telephone Number 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 & 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)**

6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**
Connie Steinmetz 3124 Autumn Shores Dr Maryland Heights, MO 63043 (314) 799-2196
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
8/6/2024 State Rep 87th Democrat 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.

Jean Hammer
Committee Treasurer

Connie Steinmetz
Candidate (Candidate Committees Only)