

C211733



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

Missouri Ethics Commission  
Office Use:  
**DEC 17 2024**  
Received by Email

**1. Statement Information**

Date: 12/04/2024

Type:  New  Amended (if amending, enter MEC ID C211733 & section changed 2, 3 & 6)

**2. Committee Information**

**MATTHIESEN FOR MISSOURI**

Name of Committee

**6910 EMMONS DRIVE, O'FALLON, MO 63368**

**(314) 541-0098**

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**

**MICHAEL E. SOMMER, JR.**

Treasurer's Name (First & Last)

**2728 SURREY HILLS DRIVE, SAINT CHARLES, MO 63303**

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

**(314) 616-9383**

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Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

## Amendment

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)**

**MATTHIESEN FOR MISSOURI, 6910 EMMONS DRIVE, O'FALLON, MO 63368**

**(314) 541-0098**

Telephone Number (Candidate Committees Only)

Name & Mailing Address, City, State & Zip of Candidate

**REPUBLICAN**

**SUPPORT**

**8/4/2026**

STATE REPRESENTATIVE DISTRICT 107

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.

Michael E. Sommer, Jr.  
Committed Treasurer

Michael E. Sommer, Jr.  
Candidate (Candidate Committees Only)