

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 [x] 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 [x] 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 (314) 616-9383
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 Mailing Address, City, State, & Zip
Deputy Treasurer's Home Telephone Number Deputy 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) [x] 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
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
8/4/2026 STATE REPRESENTATIVE DISTRICT 107 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)

[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.

Committee Treasurer
Candidate (Candidate Committees Only)