

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

Statement of Committee Organization

MAffice Uze:2025 Received by Mail

1.	Statement Information Date: 5/7/2025	连生物。			
		ed (if amending, enter MEC ID C19	90987 & section	shanged 6	
2.			& Section	changeu)	
2.	Committee Information Citizens for Anne Schweitzer				
	Name of Committee 4063 Haven Ave.			(314 ₎ 4204406	
	Committee Mailing Address. City State & 7i	n	Board of Elections-City of St. Louis		
	Official Committee Email Address		County Clerk, Board of Election Commis-	sioners, or Federal PAC/Out of State Committee	
	Committee Type: 🔳 Campa	ign 🗆 Candidate 🗆 Continuing	(PAC) ☐ Debt Service ☐ Ex	xploratory 🗆 Political Party	
3.	Treasurer/Deputy Treasurer Information				
	Treasurer's Name (First & Last)		Treasurer's Email Address (optional)		
			adka (()	
	Treasurer's Mailing Address, City, State, & Zi	AMENDMEN	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	Deputy Treasurer's Name (if one appointed)	A A A PRISON OF A SOURCE	Deputy Treasurer's Email Address (option	nall.	
	Separty reasoner smaller in one appointed,		Deputy freasurer's chiair Address (optio	many	
	Deputy Treasurer's Mailing Address, City, Sta	te, & Zip	Dep. Treasurer's Home Telephone Numi	ber Dep. Treasurer's Work Telephone Number	
Л	Additional Committee Information				
7,				nen ett av filgstaden gent et en et en filme anveller i ville generallisten.	
	Additional Committee Officer's Name & Title (if any)		Additional Committee Officer's Mailing Address, City, State, & Zip		
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	Connected Organization's Name (if any)		Connected Organization's Malling Address, City, State, & Zip		
	CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No				
5.	Official Bank Account Inform	nation (required by all committees	o) en en etjerne en eksterne (2000)	, e	
	Name & Mailing Address, City, State, & Zip or	Financial Institution	Account Name	Account Number	
6.	Candidate Supported or Opposed (candidate committees must include self, if candidate)				
	Anne M Schweitzer		(314) 4204406	()	
	Name & Mailing Address, City, State & Zip of		Telephone Number (Candidate Committ	ees Only)	
	3/6/2029	Alderwoman-City of St. Louis	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	
	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 urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
	M Jane Schweitzer		Anne M Schweitzer		
	Committee Treasurer			Candidate (Candidate Committees Only)	