



Missouri Ethics Commission (MEC)

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Statement of Committee Organization

Missouri Ethics Commission

Office Use:

MAY 20 2025

Received by Email

1. Statement Information

Date: 05/20/2025

Type: ☐ New ☒ Amended (if amending, enter MEC ID C253490 & section changed 2 and 3)

2. Committee Information

Citizens for Claire Heinrich

Name of Committee

P.O. Box 57, Wildwood, MO 63040

Committee Mailing Address, City, State, & Zip

(636) 425-2473

Telephone Number

Official Committee Email Address

St. Louis County Board of Elections

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 Cooper

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

P.O. Box 57, Wildwood, MO 63040

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

(314) 210-9431

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

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Dep. Treasurer's Home Telephone Number

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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)

Claire Heinrich, PO Box 57, Wildwood, MO 63040

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

(636) 425-2473

Telephone Number (Candidate Committees Only)

11/03/2026

Election Date

State Representative /

Missouri House of Representatives

Office Sought & Political Subdivision

Democrat

Political Party

Support

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.

Committee Treasurer

Candidate (Candidate Committees Only)