C2536025

MISSOURI ETHICS COMMISSION

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Office Use 2025 AUG 20

HAND DELIVERED

1. **Statement Information**

Date: 8/19/25

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

2. **Committee Information**

GATSCHENBERGER 4 MO.

Name of Committee

P.O. BOX 65 CAMDENTON, MO 65020 (314) 412 8600

Committee Mailing Address, City, State, & Zip — Telephone Number

Committee Email Address — CAMDENTON — 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**

CHUCK GATSCHENBERGER

Treasurer's Name (First & Last) — Treasurer's Email Address (optional)

P.O. BOX 65, CAMDENTON, MO 65020 — (314) 412-8600 — ( ) SAME

Treasurer's Mailing Address, City, State, & Zip — Treasurer's Home Telephone Number — Treasurer's Work Telephone Number

N/A — N/A

Deputy Treasurer's Name (if one appointed) — Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip — 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)**

CHUCK GATSCHENBERGER, P.O. BOX 65 CAMDENTON MO 65020 — (314) 412 8600 — ( )

Name & Mailing Address, City, State & Zip of Candidate — Telephone Number (Candidate Committees Only)

8/4/26 — SENATE DIST 6 — R — 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)