



Missouri Ethics Commission (MEC)

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Statement of Committee Organization

MISSOURI ETHICS COMMISSION

Office Use
FEB 23 2026

HAND DELIVERED

1. Statement Information

Date: 2/23/26

Type: New Amended (if amending, enter MEC ID C232628 & section changed #2 Address)

2. Committee Information

Name of Committee: Friends to Elect Connie Steinmetz

Name of Committee

Committee Mailing Address, City, State, & Zip: 3122 Autumn Shores Dr. Maryland Heights, MO 63043

Telephone Number: (314) 799-2196

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

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

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 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)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Number

Branch

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State, & Zip of Candidate: Connie Steinmetz 3122 Autumn Shores Dr Maryland Heights, MO 63043

Telephone Number (Candidate Committees Only): (314) 799-2196

Election Date: 8/14/2026

Office Sought & Political Subdivision: House Seat 87

Political Party: Democrat

Support or Oppose: Support

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)