



Office Use: DL

# Statement of Committee Organization

**1. Statement Information**

Date: 1.31.12  
 Type:  New  Amended (if amending, enter MEC ID C000026 & section changed 3)

**2. Committee Information**

WESSELS FOR TREASURER  
 Name of Committee  
3955 DOVER PL ST. LOUIS, MO 63116  
 Committee Mailing Address, City, State, & Zip  
(314) 353-5152  
 Telephone Number

County Clerk or Board of Election Commissioners

Committee Type:  Campaign  Candidate  Debt Service  Exploratory  Political Action (PAC)  Political Party

**3. Treasurer/Deputy Treasurer Information**

GLORIA WESSELS  
 Treasurer's Name (First & Last)  
3955 DOVER PL ST. LOUIS, MO 63116  
 Treasurer's Mailing Address, City, State, & Zip  
N/A  
 Deputy Treasurer's Name (if one appointed)  
( )  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
( )  
 Deputy Treasurer's Home Telephone Number  
(314) 953-5152  
 Treasurer's Home Telephone Number  
(314) 353-0335  
 Treasurer's Work Telephone Number  
( )  
 Deputy Treasurer's Work Telephone Number

**4. Additional Committee Information**

**AMENDMENT**  
 Additional Committee Officers Name & Title (if any)  
 Connected Organization's Name (if any)  
 Additional Committee Officer's Mailing Address, City, State, & Zip  
 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)**

\_\_\_\_\_  
 Mailing Address, City, S  
 \_\_\_\_\_  
 Account Name  
 \_\_\_\_\_  
 Account Number

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

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

I/We certify that this statement is complete, true and accurate.  
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

Gloria Wessels  
 Committee Treasurer  
[Signature]  
 Candidate (Candidate Committees Only)