



Office Use *JB JD*

Statement of Committee Organization

1. Statement Information

Date: 08-31-2015
 Type: New Amended (if amending, enter MEC ID C15118 & section changed _____)

2. Committee Information

VACCARO FOR SHERIFF, INC.
 Name of Committee
6227 HANCOCK AVE., ST. LOUIS, MO 63139 (314) 645-3038
 Telephone Number
CITY OF ST. LOUIS
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

BRIAN D. SWEENEY
 Treasurer's Name (First & Last)
727 LE MANN'S DR., BALLWIN, MO 63021
 Treasurer's Mailing Address, City, State, & Zip
CRYSTAL S. VACCARO
 Deputy Treasurer's Name (if one appointed)
6227 HANCOCK AVE., ST. LOUIS, MO 63139
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(636) 394-3430 (314) 495-5641
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional) _____
(314) 645-3038 _____
 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 *SEE ATTACHED*

5. Official Bank Account Information (required by all committees)

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

<u>JOSEPH A. VACCARO, JR., 6227 HANCOCK AVE., ST. LOUIS, MO 63139</u> Name & Mailing Address, City, State & Zip of Candidate	<u>(314) 645-3038</u> Telephone Number (Candidate Committees Only)	<u>()</u>
<u>AUGUST 2, 2016</u> Election Date	<u>SHERIFF, CITY OF ST. LOUIS</u> Office Sought & Political Subdivision	<u>DEMOCRAT</u> Political Party
		<u>SUPPORT</u> 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.

[Signature] _____ Committee Treasurer
[Signature] _____ Candidate (Candidate Committees Only)