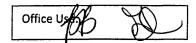


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 08-31-2015		
	Type: New Amended (if amending, enter MEC ID 6 8 section changed 8		
2.	Committee Information		
	VACCARO FOR SHERIFF, INC.	,	: :
	Name of Committee 6227 HANCOCK AVE., ST. LOUIS, MO 63139		, 314 , 645-3038
	7		Telephone Number
		CITY OF ST. LOUIS	3
	Official Committee Email Address	County Clerk or Board of Election Commis	sioners
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Exp	ploratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	BRIAN D. SWEENEY		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	727 LE MANNS DR., BALLWIN, MO 63021	(636) 394-3430	(314) 495-5641
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	CRYSTAL S. VACCARO		
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (options	al)
	6227 HANCOCK AVE., ST. LOUIS, MO 63139	(314) 645-3038	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numbe	r Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
		,	
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Malling Ad	dress, 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 or	n back) No SEE ATTACH
j.	Official Bank Account Information (required by all committees)		
			-
	candidate Supported or Opposed (candidate committees must	in alcohologist if annulished V	
•	JOSEPH A. VACCARO, JR., 6227 HANCOCK AVE., ST. LOUIS, MO 63139	(314) 645-3038	
	Name & Malling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committee	s Only)
	AUGUST 2, 2016 SHERIFF, CITY OF ST. LOUIS	DEMOCRAT	SUPPORT
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
, 1	Della con de la contra del la contra del la contra del la contra de la contra del la contra de la contra del l		
٠,	Ballot Measure Supported or Opposed (campaign committees r	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	
,	Name of Dallot (Visastre	Election Date & Political Subdivision	Support or Oppose
	gnature(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 am aware that any false statement or		
•	Del humi	Am 61/1	
į	Committee Treasurer	Canadate (Candidate Committees Only)	
Λ:	Form must be completed in full & contain ori	gina veignaturo(e) fay filmes a	ro not acconted

Packet (Rev. 11/2014)