



Office Use: [Signature]

Statement of Committee Organization

1. Statement Information

Date: 11/17/15
Type: [X] Amended (if amending, enter MEC ID C151102 & section changed 3)

2. Committee Information

Name of Committee: EIGEL FOR MISSOURI
Committee Mailing Address, City, State, & Zip: PO BOX 39, ST. PETERS, MO 63376
Telephone Number: (636) 544 9817
Official Committee Email Address:
County Clerk or Board of Election Commissioners: RICH CHRISMER, ST. CHARLES COUNTY
Committee Type: [X] Campaign [] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): MARK PARKINSON
Treasurer's Mailing Address, City, State, & Zip: 3429 Indiana Ave St. Charles, MO 63303
Treasurer's Email Address (optional):
Treasurer's Home Telephone Number: (636) 541-6275
Treasurer's Work Telephone Number:
Deputy Treasurer's Name (if one appointed):
Deputy Treasurer's Mailing Address, City, State, & Zip:
Deputy Treasurer's Email Address (optional):
Dep. Treasurer's Home Telephone Number:
Dep. Treasurer's Work Telephone Number: N/A

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): Amendment
Connected Organization's Mailing Address, City, State, & Zip:

CANDIDATES: Do you have more than one candidate committee? [X] 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 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)

[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.

[Signature]
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)