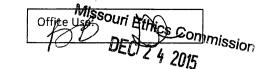


## Missouri Ethics Commission (MEC)

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



## **Statement of Committee Organization**

1.	Statement Information		
	Date: 12 2 15		
Type: New Amended (if amending, enter MEC ID 6.15) 3. 4. & section chang			anged)
2.	Committee Information		
	Friends of Nick Schrole  Name of Committee		
	514 Deer Brook Drive, Q'Fallon, MQ 63366 (34) 605.8691		
		Telephone Number	
	Official Committee Email Address	County Clerk or Board of Election Commissi	ouers United It Mich Curt at In.
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory			loratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Hatherine Schnel	Treasurer's Email Address (optional)	
	514 Deer Brook Drive O Fallon, MO 63386	1314 ) 691-2135	( )
	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
	Additional Committee Information		1. 4.17577 1911 1914 1915 1914 1914 1917 建设
4.	Additional Committee mormation		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addi	ress, City, State, & Zip
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, 0	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?		
5.	Official Bank Account Information (required by all committees)		
		•	-
6.	Candidate Supported or Opposed (candidate committees must	rall & Car & COI	
	Nick Schroer, 514 Deer Brook Dr., O'Fallo, MO 63366  Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	August 2, 2016 Primary Namber 8,2016 State Representative 1074h	Kepublican Political Party	Support or Oppose
<b>-</b>	Election Date Office Sought & Political Subdivision	•	
7.	Ballot Measure Supported or Opposed (campaign committees must complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	nature(s) Check certification(s) & sign (required by all committees)		
	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	XIIIIII AMUNI Committee Treasurer	Gandidate (Candidate Committees Only)	