



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

Office Use: BB [Signature]

Statement of Committee Organization

1. Statement Information

Date: 1/24/16
 Type: New Amended (if amending, enter MEC ID C16/1019 & section changed _____)

2. Committee Information

Name of Committee: FRIENDS OF FRED WESSELS

Committee Mailing Address, City, State, & Zip: 3955 DOVER PL ST LOUIS MO 63116 Telephone Number: (314) 353-5152

Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: ST LOUIS CITY BOARD OF ELECTION COMMISSIONERS

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): GLORIA WESSELS

Treasurer's Mailing Address, City, State, & Zip: 3955 DOVER PL ST LOUIS 63116 Treasurer's Home Telephone Number: (314) 353-5152 Treasurer's Work Telephone Number: (314) 353-0335

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: _____

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

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

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

Name: ALFRED J. WESSELS JR Telephone Number (Candidate Committees Only): (314) 353-5152
 Mailing Address, City, State, & Zip of Candidate: 3955 DOVER PL ST LOUIS MO 63116
 Election Date: 8/2/16 Office Sought & Political Subdivision: MO. HOUSE DIST 81 Political Party: DEMOCRAT Support or Oppose: SUPPORT

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.

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