



Office Use: *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: ~~6/17/2016~~ 5/20/16
 Type: New Amended (if amending, enter MEC ID A161360 & section changed _____)

2. Committee Information

Matthew Carroll-Schmidt for the 6th Ward
 Name of Committee
2928 Shenandoah Ave., St. Louis, MO 63104
 Committee Mailing Address, City, State, & Zip
(618) 593-2301
 Telephone Number
St. Louis City Board of Elections
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

ERIN FISHER
 Treasurer's Name (First & Last)
2650A OREGON AVE, ST LOUIS, MO 63118
 Treasurer's Mailing Address, City, State, & Zip
(314) 518-6901
 Treasurer's Home Telephone Number
(314) 231-2489
 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 _____

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)

Matthew Carroll-Schmidt, 2928 Shenandoah Ave, St. Louis, MO 63104
 Name & Mailing Address, City, State & Zip of Candidate
August 2, 2016
 Election Date
St. Louis City, 6th Ward Committeeman
 Office Sought & Political Subdivision
(618) 593-2301
 Telephone Number (Candidate Committees Only)
Democratic
 Political Party
Support
 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)