



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

Missouri Ethics Commission

Office NOV 09 2016

Statement of Committee Organization

1. Statement Information

Date: 11/7/16
Type: New Amended (if amending, enter MEC ID 071320 & section changed 5,6)

2. Committee Information

Name of Committee: Schmitt for Missouri
Committee Mailing Address, City, State, & Zip: PO Box 220722 Kirkwood MO 63122
Telephone Number: (314) 822-3808
County Clerk or Board of Election Commissioners: St Louis County Board of Elections

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): John Hessel
Treasurer's Mailing Address, City, State, & Zip: 600 Washington Ave Ste 2500 St Louis, MO 63101
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: ()
Treasurer's Work Telephone Number: (314) 444-7735
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: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): **AMENDMENT**
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 & Mailing Address, City, State & Zip of Candidate: Eric Schmitt 937 Brownell Ave Glendale, Mo 63122
Telephone Number (Candidate Committees Only): (314) 822-3808
Election Date: Nov 8, 2016
Office Sought & Political Subdivision: State Treasurer
Political Party: Republican
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.

Committee Treasurer: John Hessel
Candidate (Candidate Committees Only): _____