



Office of Missouri Ethics Commission
 NOV 29 2016

Statement of Committee Organization

1. Statement Information

Date: 11/24/2016

Type: New Amended (if amending, enter MEC ID C151237 & section changed 6)

2. Committee Information

Friends of Nick Schroer

Name of Committee

514 Deer Brook Drive, O'Fallon, MO 63366

(314) 605-8691
 Telephone Number

Official Committee Email Address

St. Charles County Election Authority, Rich Chrismer
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Josh Murphy

Treasurer's Name (First & Last)

516 Deer Brook Dr., O'Fallon, MO 63366

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(217) 415-6694

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Katherine Schroer

Deputy Treasurer's Name (if one appointed)

514 Deer Brook Dr., O'Fallon, MO 63366

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(314) 691-2135

Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

Connected Organization's Name (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

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)

Nick Schroer, 514 Deer Brook Dr., O'Fallon, MO 63366

Name & Mailing Address, City, State & Zip of Candidate

(314) 605-8691

Telephone Number (Candidate Committees Only)

8/7/2018

Election Date

State Representative

Office Sought & Political Subdivision

District 101

Republican

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)