



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

Missouri Ethics Commission

Office Use:  
 MAY 16 2017 *kb*

**Statement of Committee Organization**

**1. Statement Information**

Date: 05/12/2017

Type:  New  Amended (if amending, enter MEC ID C000878 & section changed 3)

**2. Committee Information**

**Sixth Ward Democratic Organization**

Name of Committee

P.O. Box 775367, St. Louis, MO 63103

Committee Mailing Address, City, State, & Zip

(636) 578-4988

Telephone Number

St. Louis City

County Clerk or Board of Election Commissioners

Official Committee Email Address

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

**3. Treasurer/Deputy Treasurer Information**

**Vanessa Carroll-Schmidt**

Treasurer's Name (First & Last)

2928 Shenandoah Ave, St. Louis, MO 63104

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

(314) 258-0650

Treasurer's Home Telephone Number

(314) 423-8000

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)

**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)**

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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

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

Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

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.

Vanessa Carroll-Schmidt

Committee Treasurer

Candidate (Candidate Committees Only)