



MISSOURI ETHICS COMMISSION (MEC)  
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:  
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# Statement of Committee Organization

HAND DELIVERED

### 1. Statement Information

Date: 11/06/2017  
Type:  New  Amended (if amending, enter MEC ID C071320 & section changed Treasurer (3))

### 2. Committee Information

Name of Committee: Schmitt for Missouri  
Committee Mailing Address, City, State, & Zip: \_\_\_\_\_ Telephone Number: ( )  
Official Committee Email Address: \_\_\_\_\_ County Clerk or Board of Election Commissioners: \_\_\_\_\_  
Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

### 3. Treasurer/Deputy Treasurer Information

Treasurer: James Monafó  
Treasurer's Name (First & Last): \_\_\_\_\_  
Treasurer's Mailing Address, City, State, & Zip: 190 Carondelet Plaza, St. Louis, MO 63105  
Treasurer's Home Telephone Number: ( ) Treasurer's Work Telephone Number: (314) 480-1925  
Deputy Treasurer: \_\_\_\_\_  
Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip: Po Box 220722, Kirkwood, MO 63122  
Dep. Treasurer's Home Telephone Number: ( ) Dep. Treasurer's Work Telephone Number: (314) 805-2668

### 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): \_\_\_\_\_  
Connected Organization's Name (if any): \_\_\_\_\_  
Additional Committee Officer's Mailing Address, City, State, & Zip: Amendment  
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.

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