

C151237



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

Office Use:
AUG 05 2019

Statement of Committee Organization

1. Statement Information

Date: 7/11/2019

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

Committee Mailing Address, City, State, & Zip

(314) 605-8691

Telephone Number

St. Charles County

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 Drive, 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

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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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)

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

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

AMENDMENT

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 Drive, O'Fallon, MO 63366

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

(314) 605-8691

Telephone Number (Candidate Committees Only)

8/4/2020 Primary; 11/3/2020 General

Election Date

State Representative 107th

Office Sought & Political Subdivision

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)