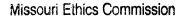
Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization



Office U T192024

Statement Information				
Date: 09/18/2019				
Type: New Ar	pe: • NewAmended (if an ending, enter MEC ID		& section changed)	
Committee Information	Name of the State		\$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$	
Citizens for Anne Schwe	itzer			
4063 Haven St. St. Louis, MO 63116			(314) 420-4406	
Committee Mailing Address, City, Sta			Telephone Number	
1	St. Louis City Board of Elections County Clerk or Board of Election Commissioners			
Committee Type:	ampaign Candidate Continu	ing(PAC) Debt Service	Exploratory Political Pary	
Treasurer/Deputy Treas	surer Information		Charles of the same of the same	
Jane Schweitzer				
Treasurer's Name (First & Last)			()	
6725 Westway Rd. St. Lo Treasurer's Mailing Address, City, Sta		(314) 645-7270 Phone 1	(314) 650-3460 Phone 2	
Deputy Treasurer's Name (if one appointed)		Deputy Treasurer's Email Address (optional)		
Deputy Treasurer's Mailing Address,	City, State, & Zip	Phone 1	Phone 2	
Additional Committee I	nformation			
1				
Additional Committee Officer's Name	& Title (if any)	Additional Committee Officer's Mailing	Address, City, State, & Zip	
Connected Organization's Name (if ar	(γι	Connected Organization's Mailing Addre	ess, City, State, & Zip	
CANDIDATES: Do you ha	ve more than one candidate committe	e? Yes (refer to instruction	ons on back) No	
Official Bank Account In	formation (required by all committees)		
	:			
$x = x_1 + x_2 + x_3 = x_4$		·		
Candidate Supported or	Opposed (candidate committees mus	t include self, if candidate)		
Anne Schweitzer 4063 Haven St. St. Louis, MO 63116		(314) 420-4406		
Name & Mailing address, City, State,	& Zip of Candidate Ward 13	Phone 1	Phone 2	
03/02/2021	Alderperson/City of St. Louis	Democrat		
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
Ballot Measure Support	ed or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
Signature(s) Check certi	fication(s) & sign (required by all comr	nittees)		
	er penalty of perjury that information		plete, true, and accurate. I	
further acknowledge tha	at I am aware that any false statement			
Marusell	wigh	<u> </u>	. **	
Committee Treasurer	/	Candidate (Candidate Committees Only	1)	