

C190987



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

Missouri Ethics Commission

Office Use SEP 27 2019
T192024

Statement of Committee Organization

1. Statement Information

Date: 09/18/2019
Type: [X] New [ ] Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

2. Committee Information

Citizens for Anne Schweitzer
Name of Committee
4063 Haven St. St. Louis, MO 63116
Committee Mailing Address, City, State, & Zip
(314) 420-4406
Telephone Number
St. Louis City Board of Elections
County Clerk or Board of Election Commissioners
Committee Type: [ ] Campaign [X] Candidate [ ] Continuing(PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Jane Schweitzer
Treasurer's Name (First & Last)
6725 Westway Rd. St. Louis, MO 63109
Treasurer's Mailing Address, City, State, & Zip
(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

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
CANDIDATES: Do you have more than one candidate committee? [ ] Yes (refer to instructions on back) [X] No

5. Official Bank Account Information (required by all committees)

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

Anne Schweitzer 4063 Haven St. St. Louis, MO 63116
Name & Mailing address, City, State, & Zip of Candidate
(314) 420-4406
Phone 1
Phone 2
03/02/2021
Election Date
Aldersperson/City of St. Louis
Office Sought & Political Subdivision
Democrat
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)

[X] 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)