



APR 14 2020

# Statement of Committee Organization

**1. Statement Information**

Date: April 14, 2020  
 Type:  New  Amended (if amending, enter MEC ID C071320 & section changed 6)

**2. Committee Information**

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

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last) _____	Treasurer's Email Address (optional) _____
Treasurer's Mailing Address, City, State, & Zip _____	( ) _____ ( ) _____ Treasurer's Home Telephone Number 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) _____	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)  No

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

Name & Mailing Address, City, State, & Zip of Financial Institution _____	Account Name _____	Account Number _____
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**6. Candidate Supported or Opposed (candidate committees must include self if candidate)**

<u>Eric Schmitt, PO Box 220722, St. Louis MO 63122</u> 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 _____
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**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 Matth Belz, Dep. Treas. Candidate (Candidate Committees Only) \_\_\_\_\_