

Committee Treasurer

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

## Statement of Committee Organization

Office Use:	1
C211751	

1. Statement Information	on			
Date: 11/16/2021				
Type: New	Amended (if amending, enter MEC ID	& section c	& section changed	
2. Committee Informati	ion			
Wilson for Saint Charle	es			
Name of Committee  3492 Wainwright St Sa	aint Charles, MO 63301		(314) 540-1965	
Committee Mailing Address, City,			Telephone Number	
[REDACTED] Official Committee Email Address		St. Charles County Election County Clerk, Board of Election Commissi	Authority ioners, Federal PAC/Out of State Committee	
Committee Type:	Campaign Candidate Continu		Exploratory Political Pary	
. Treasurer/Deputy Tre	easurer Information			
Merle Schneider		[REDACTED]		
Treasurer's Name (First & Last)	t Charles MO C2202	Treasurer's Email Address (optional)		
1551 Wall Street Saint Treasurer's Mailing Address, City,		(314) 422-8040 Phone 1	Phone 2	
Kris Wilson		[REDACTED]		
Deputy Treasurer's Name (if one		Deputy Treasurer's Email Address (option	nal)	
3492 Wainwright St Sa Deputy Treasurer's Mailing Addre	aint Charles, MO 63301 ss, City, State, & Zip	(314) 322-9106 Phone 1	Phone 2	
. Additional Committee	e Information			
Additional Committee Officer's Na	ame & Title (if any)	Additional Committee Officer's Mailing Committee Officer's Mai	ddress, City, State, & Zip	
Connected Organization's Name (	if any)	Connected Organization's Mailing Addres	ss, City, State, & Zip	
CANDIDATES: Do you	have more than one candidate committe	e? Yes (refer to instruction	ns on back) No	
. Official Bank Account	Information (required by all committees	s)		
[REDACTED]		[REDACTED]	[REDACTED]	
Name & Mailing Address, City, Sta	•	Account Name	Account Number	
Candidate Supported or Opposed (candidate committees m Travis Wilson 3492 Wainwright Street Saint Charles, MO				
63301	alliwright Street Saint Charles, MO	(314) 540-1965		
Name & Mailing address, City, Sta	ite, & Zip of Candidate	Phone 1	Phone 2	
08/02/2022	State Chairman (Maintain)	Republican		
	Representative/Missouri House of Representatives			
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
Ballot Measure Suppo	orted or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
. Signature(s) Check ce	rtification(s) & sign (required by all comr	nittees)		
	nder penalty of perjury that information		plete, true, and accurate. I	
further acknowledge	that I am aware that any false statement	or declaration made herein is pu	unishable under Ch. 575 RSMo.	
ELECTRONICALLY FILE	D Nov 16 2021 08:50 PM	ELECTRONICALLY FILED Nov 16 2021 08:50 PM		

Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 10/2019)