

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:	
C232351	

1.	Statement Information				
	Date: <u>01/10/2023</u>				
	Type: New Amended (if amending, enter MEC ID	& section cha	inged)		
2.	Committee Information				
	SchwartzPAC				
	Name of Committee PO Box 52 Jefferson City, MO 65102		(573) 616-1845		
	Committee Mailing Address, City, State, & Zip		Telephone Number		
	[REDACTED]	Cole County Clerk County Clerk, Board of Election Commissione	Faller DACIO A SCALA Committee		
	Official Committee Email Address  Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	_		
2					
3.	Treasurer/Deputy Treasurer Information				
	Melissa Largent Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)			
	PO Box 52 Jefferson City, MO 65102	(573) 616-1845			
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2		
	Deputy Treasurer's Name (if one appointed)	[REDACTED]  Deputy Treasurer's Email Address (optional)			
	Septi, reasons status (i. s.i.e appointed)	Departy Treasurer's Email Floaties (optionally			
	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 Addre	g 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?	one candidate committee? Yes (refer to instructions on back)			
5.	Official Bank Account Information (required by all committees)				
	[REDACTED]	[REDACTED]	[REDACTED]		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number		
6.	Candidate Supported or Opposed (candidate committees must in	date Supported or Opposed (candidate committees must include self, if candidate)			
	Mark Schwartz	Dhana 1	Dhoro 2		
	Name & Mailing address, City, State, & Zip of Candidate  Jefferson City Council Ward	Phone 1	Phone 2		
	5		Support		
	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		
0	Signature(s) Check certification(s) & sign (required by all committed)		зарроги от оррозе		
8.	■affirm and attest under penalty of perjury that information and		to true and accurate !		
	further acknowledge that I am aware that any false statement or d	•			
	ELECTRONICALLY FILED Jan 10 2023 12:07 PM	ELECTRONICALLY FILED Jan 10 2023 12:07 PM			
	Committee Treasurer	Candidate (Candidate Committees Only)	= = = = = = = = = = = = = = = = = = = =		