



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 0081066

OFFICE USE ONLY
He pm LT

STATEMENT DATE 4-28-08	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) #4
---------------------------	-----------------------------------------------------------------------------------------------------------	-----------------------------------------------------

3. FULL NAME OF COMMITTEE **CLINT For Treasurer**

4. COMMITTEE MAILING ADDRESS ADDRESS: 2510 SUTTON CITY / STATE / ZIP: St Louis MO 63143	5. TELEPHONE NUMBER
-----------------------------------------------------------------------------------------------	---------------------

6. TREASURER'S NAME **Stephen R. MOEHRLE**

7. TREASURER'S MAILING ADDRESS ADDRESS: 10920 LEIGHTON ct CITY / STATE / ZIP: St Louis MO 63146	8. TELEPHONE NUMBER HOME: 314-983-9860 WORK: 314 516 6142
-------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:		11. TELEPHONE NUMBER HOME: WORK:
-------------------------------------------------------------------	--	----------------------------------------

12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE	13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
----------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)		
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Regions BANK Florissant MO 1100 Shackelford 63031	B. ACCOUNT NAME CLINT For Treasurer	C. ACCOUNT NO.

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME CLINT Zweifel	B. ADDRESS 1960 Acorn Traph Flo MO 63031	C. TELEPHONE NO. 314 972 1990	D. POLITICAL PARTY D

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)
A. NAME
B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S) CLINT Zweifel	B. ELECTION DATE 8-5-2008	C. OFFICE SOUGHT State Treasurer	D. POLITICAL SUBDIVISION State	E. SUPPORT <input checked="" type="checkbox"/>	F. OPPOSE <input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>	

20. COMMITTEE TREASURER'S SIGNATURE
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

CANDIDATE'S SIGNATURE