



Statement of Committee Organization

1. Statement Information

Date: 1/17/2013
 Type: New Amended (if amending, enter MEC ID A31005 & section changed _____)

2. Committee Information

Bob Mainieri for Fire Board
 Name of Committee
44 Schaper Oaks Ct, Foristell, Mo, 63348
 Committee Mailing Address, City, State, & Zip
 Telephone Number: (314) 581-0485
St. Charles County
 County Clerk or Board of Election Commissioners
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Angela Mainieri
 Treasurer's Name (First & Last)
44 Schaper Oaks Ct, Foristell, Mo, 63348
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address _____
 Treasurer's Home Telephone Number: (636) 673-1360
 Treasurer's Work Telephone Number: (314) 280-4195
Michael Szarwinski
 Deputy Treasurer's Name (if one appointed)
130 Pine Needle Dr. Wentzville, MO, 63385
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Email Address (optional) _____
 Dep. Treasurer's Home Telephone Number: (314) 486-2186
 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 _____

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

Bob Mainieri
 Name & Mailing Address, City, State & Zip of Candidate _____
April 2, 2013
 Election Date
Fire Board Candidate Wentzville
 Office Sought & Political Subdivision
(314) 581-0485
 Telephone Number (Candidate Committees Only)
support
 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)

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.

Angela Mainieri
 Committee Treasurer
Robert Mainieri
 Candidate (Candidate Committees Only)