



Statement of Committee Organization

1. Statement Information

Date: 7/10/14
 Type: New Amended (if amending, enter MEC ID C071320 & section changed 6)

2. Committee Information

Name of Committee: Schmitt for Missouri
 Committee Mailing Address, City, State, & Zip: Po Box 220722 Kirkwood MO 63122 Telephone Number: (314) 822-3808
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: St Louis County Board of Elections
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): John Hessel
 Treasurer's Mailing Address, City, State, & Zip: 600 Washington Ave Ste 2500 STL, MO 63101
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: () Treasurer's Work Telephone Number: (314) 444-7735
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title, (if any): AMENDMENT
 Connected Organization's Name (if any): _____
 Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 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)

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

Name & Mailing Address, City, State & Zip of Candidate: Eric Schmitt 937 Brownell Ave Glendale MO 63122 Telephone Number (Candidate Committees Only): (314) 822-3808
 Election Date: Aug 2, 2016 Office Sought & Political Subdivision: State Treasurer Political Party: Republican 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.

Committee Treasurer: John Hessel Candidate (Candidate Committees Only): [Signature]