



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

Office Use:

Statement of Committee Organization

1. Statement Information

Date: 11/18/2014
 Type: New Amended (if amending, enter MEC ID C071253 & section changed 2,3,5,6)

2. Committee Information

Name of Committee: Anne Zerr for Missouri
 Committee Mailing Address, City, State, & Zip: _____ Telephone Number: ()
 Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): _____ Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: Tom Smith Treasurer's Home Telephone Number: () Treasurer's Work Telephone Number: ()
 Deputy Treasurer's Name (if one appointed): _____ Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: PO Box 1191, St Charles, MO, 63302 Dep. Treasurer's Home Telephone Number: (314) 707-4350 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: _____

Amendment

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information

Name & Mailing Address, City, State, & Zip of Financial Institution: _____ Account Name: Anne Zerr for Missouri Account Number: _____

6. Candidate Supported or Opposed

Name & Mailing Address, City, State, & Zip of Candidate: _____ Telephone Number (Candidate Committees Only): ()
08/02/2016 State Senate - Dist 23 Republican
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed

Name of Ballot Measure: _____ Election Date & Political Subdivision: _____ Support or Oppose: _____

8. Signature(s) Check certification(s) & sign

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
 Candidate (Candidate Committees Only)