



Office Use:

Statement of Committee Organization

1. Statement Information

Date: 4/28/15
Type: [] New [x] Amended (if amending, enter MEC ID A151127 & section changed 5)

2. Committee Information

Reinvest STL
Name of Committee
PO Box 775252, St. Louis, MO 63177 (314) 259-1234
Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis City Election Board
County Clerk or Board of Election Commissioners
Committee Type: [x] Campaign [] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Anne Schweitzer
Treasurer's Name (First & Last)
PO Box 775252, St. Louis, MO 63177
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
() (314) 259-1234
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Email Address (optional)
() ()
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

N/A
Additional Committee Officer's Name & Title (if any)
Connected Organization's Name (if any)
AMENDMENT
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) [x] No

5. Official Bank Account Information (required by all committees)

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

N/A
Name & Mailing Address, City, State & Zip of Candidate
Telephone Number (Candidate Committees Only)
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

City of St. Louis Bond Issue
Name of Ballot Measure
8/4/15; City of St. Louis Support
Election Date & Political Subdivision Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

[x] 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.

[Signature]
Committee Treasurer Candidate (Candidate Committees Only)