



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

Missouri Ethics Commission
 SEP 06 2016

Statement of Committee Organization

1. Statement Information

Date: 8/31/2016
 Type: New Amended (if amending, enter MEC ID C051130 & section changed 6)

2. Committee Information

Citizens for Jake Zimmerman

Name of Committee
9046 Old Bonhomme Road (314) 738-9608
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

Jason Wheeler
Treasurer's Name (First & Last)
7434 Kingsbury Blvd., St. Louis, MO 63130
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
 (314) 602-6458 (314) 552-6458
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 _____ Dep. Treasurer's Home Telephone Number _____ Dep. Treasurer's Work Telephone Number _____

4. Additional Committee Information

AMENDMENT
Additional Committee Officers 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)

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

Jake Zimmerman, 9046 Old Bonhomme Road, St. Louis, MO 63132 (314) 738-9608 () _____
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
August, 7 2018 St. Louis County Assessor Democrat Support
Election Date Office Sought & Political Subdivision 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.

[Signature] _____ [Signature] _____
Committee Treasurer Candidate (Candidate Committees Only)