



JS

Statement of Committee Organization

1. Statement Information

Date: 10-10-16
 Type: New Amended (if amending, enter MEC ID C161215 & section changed Debt Service) Committee Type

2. Committee Information

Name of Committee: Supporters of Jeff Schwentker
 Committee Mailing Address, City, State, & Zip: P.O. Box 1093 O'Fallon, MO. 63366
 Telephone Number: (314) 793-5777

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): Jim Ottomeyer
 Treasurer's Mailing Address, City, State, & Zip: 28 Wister Way O'Fallon, MO. 63366
 Treasurer's Home Telephone Number: (636) 734-6003
 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Home Telephone Number: _____
 Deputy Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name (if any): **Amendment**
 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)

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)

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: [Signature]
 Candidate (Candidate Committees Only): [Signature]