



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

OCT 27 2017
Office Use:

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Statement of Committee Organization

1. Statement Information

Date: 10/09/17
Type: New Amended (if amending, enter MEC ID C051130 & section changed 2,6)

2. Committee Information

Citizens for Jake Zimmerman
Name of Committee
13 Arbor Rd St. Louis, MO 63132
(314) 833-3881
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 Mailing Address, City, State, & Zip _____
Dep. Treasurer's Home Telephone Number _____ Dep. Treasurer's Work Telephone Number _____

4. Additional Committee Information

AMENDMENT
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 _____

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, 13 Arbor Rd St. Louis, MO 63132
Name & Mailing Address, City, State & Zip of Candidate
August 7, 2018 St. Louis County Assessor
Election Date Office Sought & Political Subdivision
(314) 983-0553 ()
Telephone Number (Candidate Committees Only)
Democrat Support
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)