



Office SEP 03 2020

Statement of Committee Organization

1. Statement Information

Date: 8-29-2020
 Type: New Amended (if amending, enter MEC ID 091230 & section changed 2,3,6)

2. Committee Information

Patrons to Elect Bart Korman

Name of Committee
19355 Durango Drive Warrenton, MO 63383 Telephone Number (636) 359-0000
 Committee Mailing Address, City, State, & Zip

Official Committee Email Address _____
 County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Warren
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Bart Korman

Treasurer's Name (First & Last)
19355 Durango Drive Warrenton, MO 63383 Telephone Number (636) 359-0000 (636) 456-2615
 Treasurer's Mailing Address, City, State, & Zip 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

Additional Committee Officer's Name & Title (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)

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

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

Bart Korman 19355 Durango Drive Warrenton, MO 63383 Telephone Number (Candidate Committees Only) (636) 359-0000
 Name & Mailing Address, City, State & Zip of Candidate
August 2024 County Surveyor Republican 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.

Bart Korman _____
 Committee Treasurer Candidate (Candidate Committees Only)