



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

Office Use: Missouri Ethics Commission
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Statement of Committee Organization

1. Statement Information

Date: 11/20/2020

Type: [ ] New [x] Amended (if amending, enter MEC ID C131072 & section changed)

2. Committee Information

Onder for Missouri

Name of Committee

2090 Key Harbour Drive, Lake Saint Louis, MO 63367

(636) 561-8968

Committee Mailing Address, City, State, & Zip

Telephone Number

St. Charles Co

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: [ ] Campaign [x] Candidate [ ] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Doug Mueller

Treasurer's Name (First & Last)

7733 Forsyth Blvd, Clayton, MO 63105

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 872-2070

Treasurer's Home Telephone Number

(314) 872-2070

Treasurer's Work Telephone Number

Allison Onder

Deputy Treasurer's Name (if one appointed)

2090 Key Harbour 63367

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(636) 561-8968

Dep. Treasurer's Home Telephone Number

( )

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDED

Additional Committee Officer's Name & Title (if any)

Amendment

Connected Organization's Name (if any)

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) [ ] No

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

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

Bob Onder, above

Name & Mailing Address, City, State & Zip of Candidate

( ) above

Telephone Number (Candidate Committees Only)

November 2020

Election Date

statewide

Office Sought & Political Subdivision

Republican

Political Party

support

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)

[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

[Signature]
Candidate (Candidate Committees Only)