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

Missouri Ethics Commission
DEC 15 2020
Received by Fax

Office Use:

Statement of Committee Organization

1. **Statement Information**

Date: 12/14/20

Type: ☐ New ☑ Amended (if amending, enter MEC ID C131072 & section changed 6)

2. **Committee Information**

ONDER FOR MISSOURI
Name of Committee

2090 Key Harbour Drive, Lake St Louis 63367 (636) 561-8968
Committee Mailing Address, City, State, & Zip / Telephone Number

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

Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. **Treasurer/Deputy Treasurer Information**

Doug Mueller
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

7733 Forsyth Blvd, Clayton, MO 63105 (314) 872-2070 (314) 872-2070
Treasurer's Mailing Address, City, State, & Zip / Treasurer's Home Telephone Number / Treasurer's Work Telephone Number

Allison Onder
Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

above (636) 561-8968 ( )
Deputy Treasurer's Mailing Address, City, State, & Zip / 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)

Additional Committee Officer's Mailing Address, City, State, & Zip

AMENDMENT

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)**

Account Name / Account Number

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)

August 2022 / Statewide / 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)**

N/A
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 / Candidate (Candidate Committees Only)