

JAN 27 2023



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Received by e-mail

Statement of Committee Organization

1. Statement Information

Date: 01/27/2023
Type: [] New [x] Amended (if amending, enter MEC ID A232797 & section changed 3)

2. Committee Information

Name of Committee: Friends of Douglas Ziegemeier
Committee Mailing Address, City, State, & Zip: 5108 Silver Lake Drive, St. Charles, MO 63304
Telephone Number: (636) 234-1919
Official Committee Email Address: St. Charles Election Authority
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

Treasurer's Name (First & Last): Mary Lange
Treasurer's Mailing Address, City, State, & Zip: 1721 Country Acres Drive, St. Peters, MO 63376
Treasurer's Email Address (optional):
Treasurer's Home Telephone Number: (314) 249-0847
Treasurer's Work Telephone Number:
Deputy Treasurer's Name (if one appointed):
Deputy Treasurer's Mailing Address, City, State, & Zip:
Deputy Treasurer's Email Address (optional):
Dep. Treasurer's Home Telephone Number:
Dep. Treasurer's Work Telephone Number:

4. Additional Committee Information

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)

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)

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)

[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.

Handwritten signatures of the committee treasurer and candidate.