

A161553
APR 24 2023

Rec'd by email



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@fec.mo.gov
Statement of Committee Organization

Office Use: _____

1. Statement Information

Date: 4/10/2023
Type: New Amended (If amending, enter MEC ID A161553 & section changed 3)

2. Committee Information

Friends for Pat Ortman
Name of Committee
1908A Arsenal St., St. Louis, MO 63118 [314] 776-0161
Committee Mailing Address, City, State, & Zip Telephone Number

St. Louis Board of Elections
Official Committee Under address
County Clerk, Board of County Commissioners, or Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

William Ortman
Treasurer's Name (First & Last)
1908A Arsenal St., St. Louis, MO 63118 [314] 973-0161 []
Treasurer's Mailing Address, City, State, & Zip Treasurer's Email Address (optional)
Deputy Treasurer's Name (First & Last)
Deputy Treasurer's Mailing Address, City, State, & Zip Deputy Treasurer's Email Address (optional)
Deputy Treasurer's Home Telephone Number Deut. 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
Committee Organization's Name (if any)
Committee 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
Patricia E. Ortman, 1908A Arsenal St., St. Louis, Mo 63118 [314] 7760161 []
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committee Only)
08/04/2020 Commissioner Ward 9 St. Louis Democrat Support
Term End Office Sought & Political Preference Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure Decision 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.

WILLIAM ORTMAN Patricia E. Ortman
Committee Treasurer Candidate (Signature Committee Only)

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Amendment X

MO 100-1308
Packet (Rev. 1/2021)