

C 243139



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

SEP 30 2024
Office Use:
Received by Email

Statement of Committee Organization

1. Statement Information

Date: 9/30/2024

Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Foundations for Liberty

Name of Committee

5033 Cuggiono Place, St. Louis, MO 63110

(618) 5350541

Telephone Number

City of St. Louis Board of Election Commissioners

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

Official Committee Email Address _____

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

3. Treasurer/Deputy Treasurer Information

Jacob Loft

Treasurer's Name (First & Last)

5033 Cuggiono Place, St. Louis, MO 63110

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

Treasurer's Email Address (optional) _____

(618) 5350541

Treasurer's Home Telephone Number

(618) 5350541

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 _____

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Dep. Treasurer's Home Telephone Number

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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)

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

Philip Oehlerking, 343 Quail Village Ct Ballwin, MO 63021

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

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Telephone Number (Candidate Committees Only)

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11/05/2024

Election Date

State Representative

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)

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.

Jacob Loft

Committee Treasurer

Candidate (Candidate Committees Only)