



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000521

OFFICE USE ONLY  
*[Handwritten initials]*

STATEMENT DATE 1-12-10		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 9, 10, 11, 12a,b,c	
3. FULL NAME OF COMMITTEE AmerenUE Political Action Committee					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 780 CITY / STATE / ZIP: Jefferson City, MO 65102				5. TELEPHONE NUMBER 573-681-7127	
6. TREASURER'S NAME					
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:				8. TELEPHONE NUMBER HOME: WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Lori Hoelscher					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: P.O. Box 1558 CITY / STATE / ZIP: Jefferson City, MO 65102				11. TELEPHONE NUMBER HOME: WORK: 573-681-7517	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE Mark F. Mueller P.O. Box 66149 Chairman St. Louis, MO 63103				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
<b>AMENDMENT</b>					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>			
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>			
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <i>Lori Hoelscher</i> TREASURER'S SIGNATURE Deputy Treasurer			21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  Missouri Ethics Commission JAN 15 2010 CANDIDATE'S SIGNATURE		