MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C021045

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE)	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
March 24, 2011	☐ NEW ☑ AMENDED	18b

3. FULL NAME OF COMMITTEE: Joe Vollmer For Alderman

4. COMMITTEE MAILING ADDRESS
ADDRESS: 5345 Wilson Ave
CITY / STATE / ZIP: St Louis Mo 63110

5. TELEPHONE NUMBER: (314) 772-4489

6. TREASURER'S NAME: Charles Oldani

7. TREASURER'S MAILING ADDRESS
ADDRESS: 5911 Columbia
CITY / STATE / ZIP: St Louis MO 63139

8. TELEPHONE NUMBER
HOME: (314) 621-3314
WORK: (314) 781-8829

9. DEPUTY TREASURER'S NAME ☑ CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS
ADDRESS:
CITY / STATE / ZIP:

11. TELEPHONE NUMBER
HOME:
WORK:

12. OTHER COMMITTEE OFFICERS (IF ANY)

A. NAME	B. ADDRESS	C. TITLE

13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?
☐ YES ☐ NO ☐ 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.

AMENDMENT

15. TYPE OF COMMITTEE
☑ CANDIDATE ☐ POLITICAL PARTY ☐ POLITICAL ACTION (PAC) ☐ CAMPAIGN ☐ EXPLORATORY ☐ DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
Joseph Vollmer	5345 Wilson St Louis MO 63110	(314) 772-4489	D

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	CHECK ONE F. OPPOSE
Joseph Vollmer	4/5/2011	Alderman - Ward 10	City of St Louis	☑	☐

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	CHECK ONE F. OPPOSE
			☐	☐

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Missouri Ethics Commission
MAR 28 2011

Charles Oldani
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

CANDIDATE'S SIGNATURE