



Statement of Committee Organization

1. Statement Information

Date: May 4, 2013
 Type: New Amended (if amending, enter MEC ID C131072 & section changed _____)

2. Committee Information

Onder for Missouri

Name of Committee
2090 Key Harbour Drive, Lake Saint Louis, MO 63367 636 561-8968
 Telephone Number

Committee Mailing Address, City, State, & Zip
St. Charles County
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Doug Mueller, CPA

Treasurer's Name (First & Last)
7733 Forsyth Blvd, Suite 1200, St. Louis, MO
 Treasurer's Mailing Address, City, State, & Zip 63105
 Treasurer's Email Address (optional)
314 862-2070 314 480-1275
 Treasurer's Home Telephone Number 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 63367 Account Name Account Number

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

Robert F. (Bob) Onder, 2090 Key Harbour Dr
636 561-8968 314 569-0510
 Telephone Number (Candidate Committees Only)
August 5, 2014 Senate District 2 Republican Support
 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)

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.

X [Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)