



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: 
 Missouri Ethics Commission

Statement of Committee Organization

FEB 24 2014

1. Statement Information

Date: 2/10/14
 Type: New Amended (if amending, enter MEC ID A141064 & section changed _____)

2. Committee Information

Name of Committee: Casey Otto Campaign Committee
 Committee Mailing Address, City, State, & Zip: 3283 Simeon Bunker St., St. Charles, MO 63301 Telephone Number: (314) 210 3992
 Official Committee: _____ County Clerk or Board of Election Commissioners: St. Charles
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Julie Biermann Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 3308 Apple Dr. St. Charles MO 63301 Treasurer's Home Telephone Number: (636) 947-1546 Treasurer's Work Telephone Number: (636) 627-9259 (cell)
 Deputy Treasurer's Name (if one appointed): _____ Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____ 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)

Account Number: _____

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

Name & Mailing Address, City, State & Zip of Candidate: Casey Otto, 3283 Simeon Bunker St. St. Charles, MO 63301 Telephone Number (Candidate Committees Only): (314) 210 3992
 Election Date: 4/8/14 Office Sought & Political Subdivision: Orchard Farm School Board 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.

Committee Treasurer: Julie Biermann Candidate (Candidate Committees Only): 