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Statement of Committee Organization

1. Statement Information

Date: June 24, 2014

Type: [] New [x] Amended (if amending, enter MEC ID C061609 & section changed 3)

2. Committee Information

MO FOP PAC

Name of Committee

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Kevin Ahlbrand

Treasurer's Name (First & Last)

715 Jefferson Street, Jefferson City, MO 65101

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

Treasurer's Email Address (optional)

(314) 452-3752

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Greg Wheelen

Deputy Treasurer's Name (if one appointed)

715 Jefferson Street, Jefferson City, MO 65101

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

Deputy Treasurer's Email Address (optional)

(417) 425-0601

Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT

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) [x] No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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

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

Telephone Number (Candidate Committees Only)

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.

Handwritten signature of Kevin Ahlbrand

Committee Treasurer

Candidate (Candidate Committees Only)