



Office Use: BBS

# Statement of Committee Organization

**1. Statement Information**

Date: 12/5/14  
 Type:  New  Amended (if amending, enter MEC ID C131072 & section changed 3)

**2. Committee Information**

**Order for Missouri**  
 Name of Committee  
2090 Key Harbour Drive, Lake Saint Louis, MO 63367  
 Committee Mailing Address, City, State, & Zip  
 Telephone Number (636) 561-8968  
 County Clerk or Board of Election Commissioners  
St. Charles County  
 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, St. Louis, MO 63105  
 Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional)  
314 872-2070 314 872-2070  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Allison Onder  
 Deputy Treasurer's Name (if one appointed)  
2090 Key Harbour Drive, Lake St Louis 63367  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Deputy Treasurer's Email Address (optional)  
636 561-8968 636 561-8968  
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any)  
AMENDMENT  
 Connected Organization's Name (if any)  
 Additional Committee Officer's Mailing Address, City, State, & Zip  
 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  
 Account Name  
 Account Number

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

**Robert F. (Bob) Onder, 2090 Key Harbour, 636 561-8968**  
 Name & Mailing Address, City, State & Zip of Candidate  
August 7, 2018 Senate, District 2  
 Election Date Office Sought & Political Subdivision  
 Telephone Number (Candidate Committees Only)  
Republican support  
 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 [Signature]  
 Candidate (Candidate Committees Only) [Signature]