



Office Use: Bob [Signature]

Statement of Committee Organization

1. Statement Information

Date: 01/08/2015

Type: New Amended (if amending, enter MEC ID C001238 & section changed 6)

2. Committee Information

COMMITTEE TO ELECT STEVE EHLMANN

Name of Committee

300 WASHINGTON STREET, ST. CHARLES, MO 63301

(636) 941-7181

Committee Mailing Address, City, State, & Zip

Telephone Number

ST. CHARLES COUNTY

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

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

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

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)

AMENDMENT

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

Account Name

Account Number

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

STEVE EHLMANN, 2941 WENTWORTH, ST. CHARLES, MO 63301

(636) 946-7181

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

Telephone Number (Candidate Committees Only)

08/07/2018

ST. CHARLES COUNTY EXECUTIVE

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.

[Signature]
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)