



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

Office Use:

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Statement of Committee Organization

1. Statement Information

Date: 05/06/2015

Type: ☐ New ☒ Amended (if amending, enter MEC ID A151020 & section changed No. 6)

2. Committee Information

Friends of Mark Stallmann

Name of Committee

410 Bedford Lane, Ballwin, MO 63011

(314) 324-9707

Telephone Number

St. Louis 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

Karen Stallmann

Treasurer's Name (First & Last)

410 Bedford Lane, Ballwin, MO 63011

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

Treasurer's Email Address (optional)

(636) 227-6370

Treasurer's Home Telephone Number

(314) 862-4444

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)

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)

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

Mark Stallmann, 410 Bedford Lane, Ballwin, MO 63011

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

April 4, 2017

Election Date

Alderman, Ward 2, Ballwin, MO

Office Sought & Political Subdivision

(314) 324-9707

Telephone Number (Candidate Committees Only)

N/A

Political Party

()

support

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.

Karen V. Stallmann
Committee Treasurer

Mark A. Stallmann
Candidate (Candidate Committees Only)