



Office Use: BB JA

Statement of Committee Organization

1. Statement Information

Date: 4-11-16
 Type: New Amended (if amending, enter MEC ID C021045 & section changed _____)

2. Committee Information

Name of Committee: JOE VOLLMER FOR ALDERMAN
 Committee Mailing Address, City, State, & Zip: 5345 WILSON AVE ST. LOUIS MO 6310
 Telephone Number: (314) 772-4489

Official Committee Email Address: _____ 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): CHARLES OLSON
 Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 5911 COLUMBIA AVE ST. LOUIS MO 63139
 Treasurer's Home Telephone Number: (314) 781-8829
 Treasurer's Work Telephone Number: () 544-1044
 Deputy Treasurer's Name (if one appointed): N/A
 Deputy Treasurer's Email Address (optional): N/A
 Deputy Treasurer's Mailing Address, City, State, & Zip: N/A
 Dep. Treasurer's Home Telephone Number: () N/A
 Dep. Treasurer's Work Telephone Number: () N/A

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: _____
 Telephone Number: _____

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

Name & Mailing Address, City, State & Zip of Candidate: JOE VOLLMER 5345 WILSON ST. LOUIS MO 6310
 Telephone Number (Candidate Committees Only): (314) 772-4489
 Election Date: 3-5-2019
 Office Sought & Political Subdivision: 10th WARD ALDERMAN ST. LOUIS CITY
 Political Party: DEMOCRAT
 Support or Oppose: Support

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: Charles Olson
 Candidate (Candidate Committees Only): [Signature]