



Statement of Committee Organization

1. Statement Information

Date: April 10, 2017

Type: New Amended (if amending, enter MEC ID C161322 & section changed _____)

2. Committee Information

Friends of Tom Oldenburg

Name of Committee

6430 Winona Ave, St. Louis, MO 63109

Committee Mailing Address, City, State, & Zip

(314) 420.4846

Telephone Number

City of St. Louis Board of Elections

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Chris Hohn

Treasurer's Name (First & Last)

5107 Donovan Ave, St. Louis MO, 63109

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

n/a

Deputy Treasurer's Name (if one appointed)

n/a

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

Treasurer's Email Address (optional)

(314) 602.6159

Treasurer's Home Telephone Number

n/a

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

(314) 552.6159

Treasurer's Work Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

n/a

Additional Committee Officer's Name & Title (if any)

n/a

Connected Organization's Name (if any)

n/a

Additional Committee Officer's Mailing Address, City, State, & Zip

n/a

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)

Thomas R. Oldenburg, 6430 Winona Ave, St. Louis, MO 63109

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

March 12, 2019

Election Date

16th Ward Alderman, City of St. Louis MO

Office Sought & Political Subdivision

(314) 420.4846

Telephone Number (Candidate Committees Only)

Democrat

Political Party

SUPPORT

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

n/a

Name of Ballot Measure

n/a

Election Date & Political Subdivision

n/a

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.

Christopher M. Hohn
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)