



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

Office APR 24 2017

Statement of Committee Organization

1. Statement Information

Date: 04-06-2017

Type: New Amended (if amending, enter MEC ID C000332 & section changed 3,6)

2. Committee Information

Citizens for Ortman

Name of Committee

1908a Arsenal St, St. Louis, MO 63118

Committee Mailing Address, City, State, & Zip

(314) 776-0161

Telephone Number

St. Louis City, Board of Elections

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

Kevin Kelleher

Treasurer's Name (First & Last)

2009 Arsenal St, St. Louis, MO 63118

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

Treasurer's Email Address (optional)

(314) 580-0673

Treasurer's Home Telephone Number

(314) 664-0776

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

Amendment

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)

Kenneth A Ortman, 1908a Arsenal St, St. Louis, MO 63118

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

03/02/2021

Election Date

Aldermann Ward 9

Office Sought & Political Subdivision

(314) 776-0161

Telephone Number (Candidate Committees Only)

Democrat

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.

[Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)