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Statement of Committee Organization

1. Statement Information

Date: 12/07/2017
 Type: New Amended (if amending, enter MEC ID C171381 & section changed _____)

2. Committee Information

Name of Committee: Paul Fehler for a Progressive 8th Ward
 Committee Mailing Address, City, State, & Zip: 4016 Shenandoah Ave., St. Louis, MO 63110
 Telephone Number: (314) 649-8559
 Board of Election Commissioners, City of St. Louis
 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): Nadia Ghasedi
 Treasurer's Mailing Address, City, State, & Zip: 4016 Shenandoah Ave., St. Louis, MO 63110
 Treasurer's Home Telephone Number: (314) 229-2523
 Treasurer's Work Telephone Number: (314) 935-5487
 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)

Name & Mailing Address, City, State & Zip of Candidate: Paul F. Fehler, 4016 Shenandoah Ave., St. Louis, MO 63110
 Telephone Number (Candidate Committees Only): 314 649 8559
 Election Date: 02-13-2018
 Office Sought & Political Subdivision: Alderman, 8th Ward St. Louis
 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.

Nadia Ghasedi Committee Treasurer
Paul Fehler Candidate (Candidate Committees Only)