



Office Use APR 09 2019 *mu*

Statement of Committee Organization

1. Statement Information

Date: 01/15/2019
 Type: New Amended (if amending, enter MEC ID C001238 & section changed 6)

2. Committee Information

COMMITTEE TO ELECT STEVE EHLMANN
 Name of Committee
300 WASHINGTON STREET, ST CHARLES, MO 63301 (636) 946-7181
 Committee Mailing Address, City, State, & Zip Telephone Number

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)	Treasurer's Email Address (optional)
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number 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) 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, City, State, & Zip of Financial Institution Account Name Account Number

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

STEVE EHLMANN, 2941 WENTWORTH, ST CHARLES, MO 63301 Name & Mailing Address, City, State & Zip of Candidate	<u>(636) 946-7181</u> Telephone Number (Candidate Committees Only)	<u>()</u> Telephone Number
<u>08/02/2022</u> Election Date	<u>ST CHARLES COUNTY EXECUTIVE</u> Office Sought & Political Subdivision	<u>REPUBLICAN</u> Political Party
		<u>SUPPORT</u> 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.

Thomas D. L... *Steve Ehlmann*
 Committee Treasurer Candidate (Candidate Committees Only)