



Office Use:
A232727

Statement of Committee Organization

1. Statement Information

Date: 01/11/2023
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Jane Puszkar
Name of Committee

16 Spring Mill Woods Court Saint Charles, MO 63303 (636) 866-1510
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Charles County Election Authority
Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

<u>Ronald Puszkar</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>16 Spring Mill Woods Court St Charles MO USA, MO 63303</u> Treasurer's Mailing Address, City, State, & Zip	<u>(163) 648-7210</u> Phone 1 Phone 2
<u>/</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>/</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>/</u> Phone 1 Phone 2

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)

<u>[REDACTED]</u> Name & Mailing Address, City, State, & Zip of Financial Institution	<u>[REDACTED]</u> Account Name	<u>[REDACTED]</u> Account Number
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6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

<u>Mary Puszkar 16 Spring Mill Woods Court Saint Charles, MO 63303</u> Name & Mailing address, City, State, & Zip of Candidate	<u>(636) 866-1510</u> Phone 1	<u>/</u> Phone 2
<u>04/04/2023</u> Election Date	<u>Boardmember/Francis Howell School District</u> Office Sought & Political Subdivision	<u>Non-Partisan</u> Political Party
		<u>/</u> Support or Oppose

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

<u>/</u> Name of Ballot Measure	<u>/</u> Election Date & Political Subdivision	<u>/</u> Support or Oppose
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8. Signature(s) Check certification(s) & sign (required by all committees)

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.

ELECTRONICALLY FILED Jan 11 2023 09:45 AM ELECTRONICALLY FILED Jan 11 2023 09:45 AM
Committee Treasurer Candidate (Candidate Committees Only)