



Office Use:
 A232797

Statement of Committee Organization

1. Statement Information

Date: 01/26/2023
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends for Douglas Ziegemeier
 Name of Committee

5108 Silver Lake Drive St. Charles, MO 63304 (636) 234-1919
 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

Kayleen Ziegemeier [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

5108 Silver Lake Drive St. Charles, MO 63304 (636) 234-1919
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

Douglas Ziegemeier [REDACTED]
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

5108 Silver Lake Dr St. Charles, MO 63304 (636) 234-1919
 Deputy Treasurer's Mailing Address, City, State, & Zip 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)

[REDACTED] [REDACTED] [REDACTED]
 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)

Douglas Ziegemeier 5108 Silver Lake Drive St. Charles, MO 63304 (636) 234-1919
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

04/04/2023 Boardmember/Francis Non-Partisan
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

Howell School District
 Office Sought & Political Subdivision

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)

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 26 2023 09:49 AM ELECTRONICALLY FILED Jan 26 2023 09:49 AM
 Committee Treasurer Candidate (Candidate Committees Only)