



Office Use:
A232953

Statement of Committee Organization

1. Statement Information

Date: 03/15/2023
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Matt Ehlen for Parkway School Board
Name of Committee

905 Dover Falls Dr. Manchester, MO 63021 (636) 208-8043
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Louis County Board of Elections
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

Joshua Young [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

2163 Quaethem Drive Wildwood, MO 63005 (314) 578-5714
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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

/ _____
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)

Matthew Ehlen 905 Dover Falls Dr. Manchester, MO 63021 (636) 208-8043
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

04/04/2023 Boardmember/Parkway C-2 Non-Partisan
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

Election Date & Political Subdivision 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.

ELECTRONICALLY FILED Mar 15 2023 06:27 PM ELECTRONICALLY FILED Mar 15 2023 06:27 PM
Committee Treasurer Candidate (Candidate Committees Only)