



Office Use:
C232448

Statement of Committee Organization

1. Statement Information

Date: 05/15/2023
Type: [X] New [] Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of EJ Fleischmann
Name of Committee
2311 Franklin Ct Arnold, MO 63010
Committee Mailing Address, City, State, & Zip
(636) 375-2644
Telephone Number
[REDACTED]
Official Committee Email Address
Jefferson County Clerk
County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee
Committee Type: [] Campaign [X] Candidate [] Continuing(PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Justin Price
Treasurer's Name (First & Last)
[REDACTED]
Treasurer's Email Address (optional)
2447 Waterfront Dr Imperial, MO 63052
Treasurer's Mailing Address, City, State, & Zip
(314) 489-9583
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) [X] No

5. Official Bank Account Information (required by all committees)

[REDACTED]
Name & Mailing Address, City, State, & Zip of Financial Institution
[REDACTED]
Account Name
[REDACTED]
Account Number

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

EJ Fleischmann 2311 Franklin Ct Arnold, MO 63010
Name & Mailing address, City, State, & Zip of Candidate
(636) 375-2644
Phone 1
Phone 2
08/06/2024
Election Date
State
Representative/Missouri
House of Representatives
Office Sought & Political Subdivision
Republican
Political Party
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)

[X] 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 May 15 2023 04:13 PM
Committee Treasurer
ELECTRONICALLY FILED May 15 2023 04:13 PM
Candidate (Candidate Committees Only)