MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081282

OFFICE USE ONLY 17

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE)	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
July 26, 2009	☐ NEW ☑ AMENDED	6-11

3. FULL NAME OF COMMITTEE: Citizens for Steven Sieber

4. COMMITTEE MAILING ADDRESS
ADDRESS: P.O. Box 1403
CITY / STATE / ZIP: Maryland Heights, MO 63043

5. TELEPHONE NUMBER: (314) 952-2729

6. TREASURER'S NAME: Robert Sieber

7. TREASURER'S MAILING ADDRESS
ADDRESS: 2238 Seven Pines Dr.
CITY / STATE / ZIP: St. Louis, MO 63146

8. TELEPHONE NUMBER
HOME: (314) 275-4083
WORK:

9. DEPUTY TREASURER'S NAME: Christopher Sander ☐ CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS
ADDRESS: 4906 Orange Blossom Ct.
CITY / STATE / ZIP: Hazelwood, MO 63042

11. TELEPHONE NUMBER
HOME: (314) 805-0725
WORK:

12. OTHER COMMITTEE OFFICERS (IF ANY)

A. NAME	B. ADDRESS	C. TITLE

13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?
☐ YES ☐ NO ☑ N/A

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION	B. ACCOUNT NAME	C. ACCOUNT NO.
First Community Credit Union 10950 Olive Street Rd. Creve Coeur, MO 63141	Citizens for Steven Sieber - Checking Citizens for Steven Sieber - Savings	[redacted]

MISSOURI ETHICS COMMISSION
JUL 31 2009
HAND DELIVERED

15. TYPE OF COMMITTEE
☑ CANDIDATE ☐ POLITICAL PARTY ☐ CONTINUING ☐ CAMPAIGN ☐ EXPLORATORY ☐ DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY
Steven Sieber	12484 Whisper Hollow Dr. APT I, Maryland Heights, MO 63043	(314) 542-2416	Democratic

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED

A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
Steven Sieber	08/03/2010	State representative	79th District	☑	☐

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED

A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT	F. OPPOSE
			☐	☐

AMENDMENT

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Robert L. Sieber
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Steven D. Sieber
CANDIDATE'S SIGNATURE