



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BB 8

Statement of Committee Organization

APR 17 AM 10:43

1. Statement Information

Date: 4-17-2013
 Type: New Amended (if amending, enter MEC ID C000535 & section changed 3)

2. Committee Information

Name of Committee: TEAMSTERS LOCAL UNION No. 688 P.A.C.
 Committee Mailing Address, City, State, & Zip: 4349 WOODSON RD. SUITE 200, ST. LOUIS, MO, 63134
 Telephone Number: (314) 513-5807

Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Dave Lalumondier
 Treasurer's Mailing Address, City, State, & Zip: 4349 Woodson Rd. Suite 200 ST Louis MO 63134
 Treasurer's Home Telephone Number: (636) 937-5154
 Treasurer's Work Telephone Number: (314) 513-5802

Deputy Treasurer's Name (if one appointed): SCOTT WEISS
 Deputy Treasurer's Mailing Address, City, State, & Zip: 4349 WOODSON RD. SUITE 200, ST. LOUIS, MO. 63134
 Dep. Treasurer's Home Telephone Number: (636) 933-4223
 Dep. Treasurer's Work Telephone Number: (314) 513-5807

4. Additional Committee Information

Additional Committee Officer's Name & Title: AMENDMENT
 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)

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

Name & Mailing Address, City, State & Zip of Candidate: _____ Telephone Number (Candidate Committees Only): _____
 Election Date: _____ Office Sought & Political Subdivision: _____ 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)

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.
 Committee Treasurer: Dave Lalumondier
 Candidate (Candidate Committees Only): _____