



Statement of Committee Organization

1. Statement Information

Date: 12/17/2014

Type: [X] New [ ] Amended (if amending, enter MEC ID CA1592 & section changed)

2. Committee Information

Returning Government to the People

Name of Committee

231 S. Bemiston Ave., Ste. 800, St. Louis, MO 63105

(314) 854-9145

Committee Mailing Address, City, State, & Zip

Telephone Number

St. Louis County

County Clerk or Board of Election Commissioners

Official Committee Email Address

Committee Type: [X] Campaign [ ] Candidate [ ] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Fred Sauer

Treasurer's Name (First & Last)

1657 Forest View Dr., St. Louis, MO 63122

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 984-0369

Treasurer's Home Telephone Number

(314) 725-3800

Treasurer's Work Telephone Number

Todd Jones

Deputy Treasurer's Name (if one appointed)

231 S. Bemiston Ave., Ste. 800, St. Louis, MO 63105

Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 942-7066

Dep. Treasurer's Home Telephone Number

(314) 854-1317

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Fred N. Sauer, President

Additional Committee Officer's Name & Title (if any)

454 Hammersmith Rd., St. Louis, MO 63141

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)

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)

Missouri Campaign Contribution Reform Initiative

Name of Ballot Measure

11/08/16 & State

Election Date & Political Subdivision

Support

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

[X] 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.

Signature of Fred N. Sauer, Committee Treasurer

Candidate (Candidate Committees Only)