



Office Use: *AB De*

# Statement of Committee Organization

**1. Statement Information**

Date: 9/4/16  
 Type:  New  Amended (if amending, enter MEC ID c151025 & section changed \_\_\_\_\_)

**2. Committee Information**

Citizens for Kevin O'Leary  
 Name of Committee  
2557 England Town Rd. (314) 541-0648  
 Committee Mailing Address, City, State, & Zip Telephone Number  
St. Louis County Board of Election  
 County Clerk or Board of Election Commissioners  
 Official Committee Email Address \_\_\_\_\_  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Fred Stalzer  
 Treasurer's Name (First & Last)  
5842 Hempline (314) 808-1066  
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
St. Louis, MO 63129  
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)  
 Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Additional Committee Officer Name & Title (Last, First, Middle) AMENDMENT  
 Connected Organization's Name (if any) Additional Committee Officer's Mailing Address, City, State, & Zip  
 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)**

Account Name \_\_\_\_\_

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

Kevin J OLeary 2557 England Town 63129 (314) 541-0648  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
8/4/2020 St Louis County Councilman Democrat  
 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.

*Julia Stoy* *Kevin O'Leary*  
 Committee Treasurer Candidate (Candidate Committees Only)