



**Statement of Committee Organization**

**1. Statement Information**

Date: 10/22/2016

Type:  New  Amended (if amending, enter MEC ID C401133 & section changed committee address +

**2. Committee Information**

Name of Committee: Friends of Dolan

Committee Mailing Address, City, State, & Zip: PO Box 179455, Richmond Heights, MO 63117 Telephone Number: (314) 606-1991

County Clerk or Board of Election Commissioners: St. Louis Co. Board of Elections

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

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): Patrick Mulcahy  
 Treasurer's Mailing Address, City, State, & Zip: 2040 St. Louis, Florissant, MO 63033

Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Home Telephone Number: (314) 606-1991 Treasurer's Work Telephone Number: (-) \_\_\_\_\_

Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_

Deputy Treasurer's Email Address (optional): \_\_\_\_\_  
 Dep. Treasurer's Home Telephone Number: (-) \_\_\_\_\_ Dep. Treasurer's Work Telephone Number: (-) \_\_\_\_\_

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any): 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. Candidates for Office/Candidate Committees must include self, if candidate**

Name & Mailing Address, City, State & Zip of Candidate: <u>Pat Dolan, 1259 Boland Place</u>	Telephone Number (Candidate Committees Only): <u>(314) 606-1991</u>	Support or Oppose: <u>(-) _____</u>
Election Date: <u>08/07/18</u>	Office Sought & Political Subdivision: <u>Council Person, Dist. 5 - St. Louis County</u>	Political Party: <u>Democrat</u>
		Support or Oppose: <u>Support</u>

**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: Patrick Mulcahy

Candidate (Candidate Committees Only): Pat Dolan