

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

Missouri Ethics Commission

OCT 2 6 201168

Statement of Committee Organization

Date: 10/24/17		C101522	3, 4	
Type: ☐ New 🗷	Amended (if amending, enter M	MEC ID & section	on changed	
Committee Information Professional Fi	^{ation} irefighters of Central St. I	Louis County PAC		
Name of Committee 115 McMenamy Rd. St. Peters MO 63376			314,623-7403	
Committee Mailing Address Co		St. Charles	Telephone Number	
опісіal Committee Email Addre	ess	County Clerk or Board of Election Cor	mmissioners	
Committee Type: [□ Campaign □ Candidate ■	Continuing (PAC) \Box Debt Service \Box	Exploratory Political Party	
Treasurer/Deputy T	Freasurer Information			
Kurt Becker				
Treasurer's Name (First & Last) 115 McMenam	y Rd	Treasurer's Email Address (optional) 314 393- 9760	()N/A	
Treasurer's Mailing Address, Cit St Peters MO	63376	Treasurer's Home Telephone Numbe		
Deputy Treasurer's Name (if on	ie appointed)	Deputy Treasurer's Email Address (op	otional) N/A	
Deputy Treasurer's Mailing Add	dress, City, State, & Zip	Dep. Treasurer's Home Telephone Nu	umber Dep. Treasurer's Work Telephone Numb	
Additional Committ	tee Information			
en Stuhlman C	Chairman	115 McMenamy R	d. St. Peters MO 63376	
Iditional Committee Officer's Name & Title (if any)		Additional Committee Officer's Mailir	Additional Committee Officer's Mailing Address, City, State, & Zip N/A	
Connected Organization's Name	e (if gry)	Connected Organization's Mailing Add	dress, City, State, & Zip	
CANDIDATES: Do yo		committee 🗆 Yes (refer to instruction	s on back) 🗌 No	
Official Bank Accoun	nt Information (required by all c	committees)		
they manye in the period of the fi		The grant and the second of the second	Account Number	
Candidate Supporte N/A	d or Opposed (candidate comm	nittees must include self, if candidate)	, N/A	
Name & Mailing Address, City, S	state & Zip of Candidate	Telephone Number (Candidate Comm	()	
N/A	N/A	N/A	N/A	
lection Date	Office Sought & Political Subdiv	vision Political Party	Support or Oppose	
	ported or Opposed (campaign co	ommittees must complete this section		
N/A		N/A	N/A	
lame of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
Signature(s) Check	certification(s) & sign (required	l by all committees)		
■ I affirm and attest	under penalty of perjury that inf	formation and facts in this report are co	omplete, true, and accurate. I	
urther arknowledge	that I am aware that any false st	tatement or declaration made herein is	punishable under Ch. 575 RSMo.	
h. L	1:16V	N/A		
omatte a floren f	10 01	Candidate (Candidate Committees On	ly)	