Only

PAGE 1/5 =

FEC FORM 1		O 12 1	GANIZA						Office	Use Only		
NAME OF COMMITTEE (ir	n full)		ck if name anged)	Example over the	e:If typing, typ	e 1	2FE	4M5		•		
ANN PAC											<u> </u>	
ADDRESS (number a	nd street)	P.O. Box 3535	5									
(Check if a is changed												
		Ballwin CITY A	<u> </u>				MO STATE 4	L	63022	ZIP	- L	<u> </u>
COMMITTEE'S E-MA	AIL ADDRE	SS										
(Check if a is changed		kristopher.	cook10@gm	ail.com								
		Optional Seco	ond E-Mail Add	dress								
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL)										
2. DATE 0	3 / D											
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C c	00531764								
4. IS THIS STATEM	MENT X	NEW (N)	OR		AMENDED ((A)						
I certify that I have o	examined th	is Statement ar	nd to the best	of my know	rledge and be	elief it is t	rue, co	rrect a	and co	mplete.		
Type or Print Name	of Treasure	Allen, Robert	, Michael, ,									
Signature of Treasure	er <i>Allen,</i>	Robert, Michael, ,		[Ele	ectronically Filed	d] Da	te	M M M	/ [06		019
NOTE: Submission of	false, errone	eous, or incomple				-			the per	nalties of	2 U.S.C	C. §437g.
Office Use				Fed	further informateral Election Cor Free 800-424-95	nmission	ct:			EC FO		

Toll Free 800-424-9530

Local 202-694-1100

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na		- 5
ANN PAC		
	I Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
Wagner, Ann, L., ,		
Mailing Address	313 St. Andrews Court	
-		
	Ballwin MO 63011	
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the person in p	possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
Full Name Allen, Ro	obert, Michael, Mr.,	
Mailing Address	702 Willow Spring Hill Court	
-		
	Chesterfield MO 63017	
	CITY STATE	ZIP CODE
Title or Position Treasurer	. 636	778 1200
	Telephone number	

	n 1 (Revised 02/2009)	Page 4
TEC FOII	II 1 (NEVISEU 02/2003)	raye 🕶
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank,	Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road	
Name of Bank,	Commerce Bank/Commerce Bancshares, Inc.	
	Commerce Bank/Commerce Bancshares, Inc.	1
	Commerce Bank/Commerce Bancshares, Inc.	1
	Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE	
Mailing Address	Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE	ZIP CODE
Mailing Address	Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank,	Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank,	Commerce Bank/Commerce Bancshares, Inc. 14317 Manchester Road Ballwin CITY STATE Depository, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisir	.g		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lama of Any Composted	Ownerination Affiliated Committee Joint Funds	raining Denverantative	a ay Laadayahin DAC Chan
Financial Innovati	Organization, Affiliated Committee, Joint Funda on Committee	aising nepresentative	e, or Leadership FAC Spon
Mailing Address	228 S. Washington St.		
	Ste. 115		
	Alexandria	VA I	22314
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Representa	ative Leadership PAC Sp
Connected		Fundraising Representa	ative Leadership PAC Sp
Connecter connec	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify	Affiliated Committee y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material deposition of Bank, epository, etc.	Affiliated Committee y Joint y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which	STATE A	ZIP CODE A