

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Jon Karlen for Missouri

ADDRESS (number and street) 462 Dames Park Drive

(Check if address is changed)

O'Fallon

CITY ▲

MO

STATE ▲

63366

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

doncrozier@gmail.com

Optional Second E-Mail Address  
jon@karlen.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

https://www.karlen4missouri.com

2. DATE

MM / DD / YYYY  
02 / 23 / 2022

3. FEC IDENTIFICATION NUMBER ▶

C C00789685

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Reul, Emily, , ,

Signature of Treasurer Reul, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
07 / 14 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE:

**Candidate 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. (Complete the candidate information below.)

Name of Candidate Karlen, Jonathan, , ,

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State MO District 03

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_

C \_\_\_\_\_

2. \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

# Jon Karlen for Missouri

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Karlen, Jonathan, , ,

Full Name

Empty grid lines for full name

Mailing Address

462 Dames Park Drive

Empty grid lines for mailing address

O'Fallon

MO

63366

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

candidate

Empty grid lines for title or position

Telephone number

636

699

6419

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Reul, Emily, , ,

Full Name of Treasurer

Empty grid lines for full name of treasurer

Mailing Address

17A Glenwood Street

Empty grid lines for mailing address

Albany

NY

12208

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Empty grid lines for title or position

Telephone number

518

703

3954

Full Name of Designated Agent

Karlen, Jonathan, , ,

Mailing Address

462 Danes Park Drive

Jon

O'Fallon

MO

63366

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

636

699

6419

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

US Bank

Mailing Address

3029 Highway K

O'Fallon

MO

63368

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲