FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZA	AHO	N		
. • • • • • • • • • • • • • • • • • • •		(See instruction	ns)			Office use only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)		mple: If typying, type the lines	12FE4M5	
St. Louisans	For Better Gov	ernment 				
		. 21-11-1				
ADDRESS (number a	nd street)	o Sheldon Sandme	i, i reas	surer 		
(Check if addr is changed)	ess	9 Saddleford Dr.			MO	
			CITY		STATE	ZIP CODE ▲
COMMITTEE'S E-N	MAIL ADDRESS (Ple	ase provide only one e-r	mail addre	ess)		
(Check if addr	ess <u>m</u>	s-bkj@juno.com				
is onangos,	L		ш			
COMMITTEE'S WE	B PAGE ADDRESS	(URL)				
(Check if addr is changed)	ess		Ш			
	لــــا		ш			
2. DATE M	M / D D /	Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
3. FEC IDENTIFIC	CATION NUMBER		C COO	148155		
4. IS THIS STAT	EMENT X N	EW (N) OR		AMENDED (A)		
I certify that I have exa	amined this Statement	and to the best of my know	wledge an	d belief it is true, correct and	d complete	
Type or Print Name	of Treasurer	Sheldon Sandme	e l			
. , , , , , , , , , , , , , , , , , , ,						
Signature of Treasu	rer Electronically	Filed by Sheldon S	andme	<u> </u>	Date 03	29 7 2009
NOTE: Submission of				ne person signing this State		
Office Use Only				For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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5.			DMMITTEE (Check One)					
	(a)		This committee is a principal campaign committee. (Complete the candidate information I	pelow.)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name Cand							
	Cand Party	idate Affiliati	Office House Senate	State President District				
	(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name Cand							
	Party	Comm						
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Politi	cal Act	ion 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				
			H H H	Cooperative				
		(f) X	Membership Organization I rade Association	Cooperative				
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.					
	, ,		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.)					
	Joint I	Fundra	ising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proced committees/organizations, at least one of which is an authorized committee of a federal care					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net procedommittees/organizations, none of which is an authorized committee of a federal candidate					
Committees Participating in Joint Fundraiser								
			1. FEC ID number					
			2. FEC ID number	;				
			3. FEC ID number					
			4. FEC ID number					

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Write or Type Committee Name								
St. Louisans For Better	Government							
6. Name of Any Connected Org	ganization, Affiliated Committee, Jo	oint Fundraising Representativ	e, or Leade	rship PAC Spor	nsor			
NONE								
				<u> </u>				
Mailing Address								
			J L					
	CITY	STA	TE 🛦	ZIP COD	E 🛦			
Relationship: Connected Organization	Affiliated Committee	Joint Fundraising Represen	tative	Leadership PAC	C Sponsor			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Sheldo	Sheldon Sandmel Full Name							
Mailing Address	169 Saddleford D	or.						
	Chesterfield		10 _	63017 _	2720			
Title or Position ▼ Treasurer	CITY A	STA Telephone number	314	ZIP COD - 469 -	7537			
	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).							
Full Name of Treasurer Sheldo	on Sandmel							
Mailing Address	169 Saddleford D	Or.						
	Chesterfield		<u>//O</u>	63017 _	2720			
Title or Position ♥	CITY A	STA	ATE.	ZIP COL	DE A			
Treasurer		Telephone number	314	469	7537			

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	Full Name of Designated Agent							
	Mailing Address							
	Title or Position ▼	CITY A		ZIP CODE A				
	Title of Position	OIII A	SIAIES	ZIF CODE A				
		Tel	lephone number					
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	Name of Bank, Depository, etc.						
	So	uthwest Bank						
	Mailing Address	P. O. Box 790050						
		St. Louis	MO	63179 _ 0050				
		CITY 🗻	STATE₄	ZIP CODE 🛕				
	Name of Bank, Depository	, etc.						
	Mailing Address							
		CITY 🙇	STATE △	ZIP CODE 🛕				