

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

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

12FE4M5

VonDras For Congress

ADDRESS (number and street)  (Check if address  
is changed)

Box 103

17209 Chesterfield Airport Rd

Chesterfield

MO

63005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

joan@vondrasforcongress.us

Optional Second E-Mail Address

harvey@vondrasforcongress.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

VonDrasForCongress.org

2. DATE

M M / D D / Y Y Y Y  
11 / 01 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00925594

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 Debenport, Hillary, , ,

Signature of Treasurer Debenport, Hillary, , ,

Date

M M / D D / Y Y Y Y  
12 / 26 / 2025NOTE: 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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC 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

VonDras, Joan, C.,

Candidate Party Affiliation

DEM

Office Sought:

 House Senate President

State

MO

District

02

(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.  \_\_\_\_\_

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

C  \_\_\_\_\_

C  \_\_\_\_\_

Write or Type Committee Name

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

NONE

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.

Full Name

Kluthe, Chris, R, ,

Mailing Address

3324 47th Ave. S

MN

55406

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Chair

Telephone number

952 - 994 - 9316

**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).Full Name  
of Treasurer

Debenport, Hillary, , ,

Mailing Address

832 Rampart Dr

MO

63122

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

314 - 808 - 5049

Full Name of  
Designated  
Agent

Ferdman, Harvey, , ,

Mailing Address

671 Clovertrail Dr

Chesterfield, MO

MO

63017

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

314

761

5100

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.

First Community Credit Union

Mailing Address

17151 Chesterfield Airport Rd

Chesterfield

MO

63005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

First Community Credit Union

Mailing Address

17151 Chesterfield Airport Rd

Chesterfield

MO

63005

CITY ▲

STATE ▲

ZIP CODE ▲