Only

STATEMENT OF

PAGE 1 / 4 =

FORM 1		ORGANIZATION																	
													(Office	Use	Only			
NAME OF COMMITTEE (ir	n full)		Check if nam changed)	ne		nple:If the lin		, type)	12	2FE	4M.	5	_	_]			
Stan Hall for	Congre	ess																	
ADDRESS (number a	nd street)	PO Box 1	501																
(Check if address is changed)		1		1 1	1 1	l l	l I		1 1	1	1 1		ı	1 1	I	1 1	ı	1 1	, I
		Maryland	Heights 								10 ATE		63	3043		 ZIP	COI	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	S																	
(Check if a is changed		stanleyrh	nall@gmail.co	om 															
		-	Second E-Manhall4congress		ess	1 1	1 1		1 1		1 1		ı	1 1	ı	1 1		1 1	, I
COMMITTEE'S WEB	PAGE ADD	RESS (UF	RL)																
(Check if a is changed	address	,	congress.com		1 1	1 1	l I			ı	1 1	ı	ı		ı	1 1	ı	1 1	ı I
is changed	<i>1)</i>																		
2. DATE 0-	4 / 05		y y y y 2024																
3. FEC IDENTIFIC	CATION NU	MBER >	C	C00	875393														
4. IS THIS STATEM	MENT X	NEW	(N) O	R		ΑN	/ENDI	ED (A	A)										
I certify that I have ϵ	examined thi	s Statemer	nt and to the	best of	f my kı	nowled	ge an	d beli	ef it	is tru	ie, c	orrec	t an	d cc	mple	ete.			
Type or Print Name	of Treasurer	Steinhau	fel, Sid, , ,																
Signature of Treasure	er S <u>teinh</u>	aufel, Sid, ,	,							Date	,	M 04	4 A	′	05]′	Υ	y 2024	
NOTE: Submission of	false, errone		mplete inform					_	-					e pei	naltie	s of	52 L	J.S.C.	§30109
Office Use						For furt Federal Toll Free	Election	n Com	missio		:					FC sed 0			

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	candidate
Name of Candidate Hall, Stanley, Ralph, ,	<u> </u>
Candidate Party Affiliation REP Office Sought: House Senate President	State MO District 01
(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 Republican,	•
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
Corporation Corporation w/o Capital Stock Labor O	rganization
Membership Organization Trade Association Coopera	tive
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 committee. (i.e., nonconnected committee)	I 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.)	
(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 PA	C).
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Committees Participating in Joint Fundraiser	
1 C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
Wr	ite or Type Committee Name		
	Stan Hall for Cor	ngress	
S.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in posse	ession of committee
	Beal, Lador	ina, , ,	
	Full Name		
	Mailing Address	9414 Romain Ave.	
		St. Louis MO 6311	4
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone number	428 - 4021
	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
	Full Name Steinhaufel of Treasurer	Sid,,,	1
	Mailing Address	10709 Clarendon Ave	
		St. Louis MO 6311	4
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 913 -	475 - 8510

FEC Form	1 (Revised 02/2009)		Page 4							
Full Name of Designated Agent	Hall, Stanley, , ,									
Mailing Address	3239 Smiley RD									
	Bridgeton	MO 6304	4							
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲							
Designated Ager	nt .	ephone number 314 -	914 - 3232							
	Depositories: List all banks or other depositories in which thoxes or maintains funds.	ne committee deposits funds, ho	lds accounts, rents							
Name of Bank, [Name of Bank, Depository, etc.									
	Commerce									
Mailing Address	12633 Dorsett Rd									
	Maryland Heights	MO 63043								
	CITY ▲	STATE ▲	ZIP CODE ▲							
Name of Bank, [Depository, etc.									
Mailing Address										
	CITY ▲	STATE ▲	ZIP CODE ▲							