

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

O l i v o F o r C o n g r e s s

ADDRESS (number and street)

1 1 1 E 4 t h S t r e e t



(Check if address
is changed)

H e r m a n n

M D

6 5 0 4 1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

R a n d y @ b r o c k o l i v o . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

B r o c k o l i v o . c o m

COMMITTEE'S FAX NUMBER

5 7 3 - 4 8 6 - 5 2 5 6

2. DATE

0 3 / 0 3 / 2 0 0 8

3. FEC IDENTIFICATION NUMBER

C

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 Fred O. Thatcher

Signature of Treasurer

Date

0 3 / 0 3 / 2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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 12/2007)

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

B r o c k O l i v o

Candidate Party Affiliation

R E P

Office Sought:

☒

House

☐

Senate

☐

President

State

MO

District

09

- (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
- (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 Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ 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.
- (h) ☐ 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.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
5.		FEC ID number	C

Write or Type Committee Name

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship:



Connected Organization



Affiliated Committee



Leadership PAC Sponsor



Joint Fundraising Representative

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

Randy P. Eliekmann

Mailing Address

111 E 4th Street

 Hermann MO 65041

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

573-486-1040

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

Freddie Thatchier

Mailing Address

71 Riverview Road Fairmount

 Lapadie MO 63055

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

636-451-3717

Full Name of
Designated
Agent

Randy P. Eickelmann

Mailing Address

111 E 4th Street

Herrmann MD 6150411-

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number 517-8-486-1040

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 Bank

Mailing Address

2108 E 1st Street

Herrmann MD 6150411-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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☒ Postmark Illegible	
☐ No Postmark	
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Next Business Day Delivery ☐	
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☐ Other (Specify):	Date of Receipt or Postmarked

 PREPARER (3/2005)	3/10/08 DATE PREPARED
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