STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Committee To Elect Robert Vroman PO Box 150063 ADDRESS (number and street) (Check if address is changed) St Louis 63115 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vromanrobert@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.votevroman.com (Check if address is changed) DATE 08 2018 C00684860 FEC IDENTIFICATION NUMBER > 3. X 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. Irwin, Jesse, , , Type or Print Name of Treasurer Irwin, Jesse,,, [Electronically Filed] 80 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information	ı below.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.) Name of Vroman, Robert, , ,	e. (Complete the candidate
Candidate Office	State MO Sident District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	nittee.
Name of Candidate	
Party Committee: (National, State	(Democratic,
(d) This committee is a or subordinate) committee of the	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 sep committee. (i.e., nonconnected committee)	arate segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal car	•
(h) This committee collects contributions, pays fundraising expenses and disburses net procee committees/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.	
4.	

I FEC Form 1 (Revised 0	02/2009)	Page 3
Write or Type Committee Name		
Committee To E	Elect Robert Vroman	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE Z	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in poss	ession of committee
Irwin, Jesso Full Name	e,,,	1
	6707 Minnesota	
Mailing Address		
	St. Louis MO 63111	
Title or Position	CITY STATE Z	IP CODE
Treasurer		775 5760
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	ue and address of
Full Name Irwin, Jesse of Treasurer	e, , ,	
Mailing Address	6707 Minnesota	
	St. Louis MO 63111	
Title or Position	CITY STATE Z	IP CODE
Treasurer		75 - 5760

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	Depositories: List all banks or other depositories in which the committee deposits funds, holdes or maintains funds. epository, etc.	
safety deposit box Name of Bank, De	ses or maintains funds.	
safety deposit box Name of Bank, De	epository, etc. Midland States Bank	
safety deposit box Name of Bank, De	epository, etc. Midland States Bank	
safety deposit box Name of Bank, De	Midland States Bank 9925 Clayton Road	ZIP CODE
safety deposit box Name of Bank, De	Midland States Bank 9925 Clayton Road St. Louis CITY STATE	ZIP CODE
safety deposit box Name of Bank, De Mailing Address	Midland States Bank 9925 Clayton Road St. Louis CITY STATE	ZIP CODE
safety deposit box Name of Bank, De Mailing Address	Midland States Bank 9925 Clayton Road St. Louis CITY STATE Epository, etc.	ZIP CODE
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Midland States Bank 9925 Clayton Road St. Louis CITY STATE Epository, etc.	ZIP CODE
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Midland States Bank 9925 Clayton Road St. Louis CITY STATE Epository, etc.	ZIP CODE