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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. SPENCER TODER FOR SENATE 4021 LACLEDE AVE ADDRESS (number and street) PO BOX 23039 (Check if address is changed) SAINT LOUIS 63056 MO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@spencertoder.com (Check if address is changed) Optional Second E-Mail Address spencer@spencertoder.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 24 2023 C00777227 FEC IDENTIFICATION NUMBER > 3. 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. Toder, Spencer, , , Type or Print Name of Treasurer Toder, Spencer, , , [Electronically Filed] 01 2023 Signature of Treasurer Date NOTE: 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

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	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 cand information below.)	idate						
	Name of Candidate							
	Party Affiliation dem Sought: House Senate President	trict 00						
(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, etc.) F	<sup>o</sup> arty						
Political Action Committee (PAC):								
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.	nization is a:						
	Corporation Corporation w/o Capital Stock Labor Organiza	ation						
	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 o 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	political						
	(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							

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٧	Vrite or Type Committee Name				
		DER FOR SENATE			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE				
	Mailing Address				
		CITY ▲ STAT	TE ▲ ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repr	resentative Leadership PAC Sponso		
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	SPENCER,	Toder,,,			
	Full Name				
	Mailing Address	14 Enfield Rd			
		Saint Louis	0   63132		
		CITY ▲ STAT	TE ▲ ZIP CODE ▲		
	Title or Position ▼				
	Custodian of Records	Telephone number	314 - 537 - 1537		
8.	<b>Treasurer:</b> 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 Toder, Sper	ncer, , ,			
	of Treasurer				
	Mailing Address	14 Enfield Rd			
		Saint Louis	O 63132		
		CITY ▲ STAT	TE ▲ ZIP CODE ▲		
	Title or Position ▼				
	Treasurer	Telephone number	314 - 537 - 1537		

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Full Name of Designated Agent	,						
	1						
Mailing Address							
Title or Position ▼	CITY	<b>A</b>	STATE ▲	ZIP CODE ▲			
Title of Position •		1	ı				
		Telephone	number	]-[			
Banks or Other Depositorie safety deposit boxes or main	es: List all banks or other dep tains funds.	ositories in which the com	nmittee deposits funds	, holds accounts, rents			
Name of Bank, Depository, e	tc.						
US Ban							
Mailing Address	8820 Ladue Road						
	Saint Louis		MO 63	3124			
	CITY	<b>A</b>	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.							
Mailing Address							
	CITY	<b>A</b>	STATE ▲	ZIP CODE ▲			