



Office Use
NOV 18 2020

Statement of Committee Organization

1. Statement Information

Date: 11/16/2020
 Type: New Amended (if amending, enter MEC ID C141193 & section changed 2, 3, 6)

2. Committee Information

Gregory For Missouri
 Name of Committee

Committee Mailing Address, City, State, & Zip _____ Telephone Number ()

Official Committee Email Address _____ County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Joe M Garavaglia
 Treasurer's Name (First & Last)

4352 Honeydew Lane; Saint Louis, Missouri 63128-3758
 Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional) _____
(314) 416-4720 _____
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Email Address (optional) _____
() _____
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) _____
Amendment

Additional Committee Officer's Mailing Address, City, State, & Zip _____

Connected Organization's Name (if any) _____
 Connected Organization's Mailing Address, City, State, & Zip _____

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. Candidate Supported or Opposed

Name & Mailing Address, City, State & Zip of Candidate _____ Telephone Number (Candidate Committees Only) () _____

Exploratory Missouri Statewide
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Joe Garavaglia _____
 Committee Treasurer

[Signature] _____
 Candidate (Candidate Committees Only)