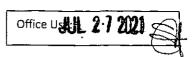


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement information	en transfer to the same	
	Date: 07/16/2021	102	6
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C141	& section	changed O)
2.	Committee Information		
	Gregory for Missouri	<u></u>	
	Name of Committee		
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk Board of Election Commiss	ioners, or Federal PAC/Out of State Committee
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PA		
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	_ ()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	na()
	The state of Adulting Charles	()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numl	per Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Type (Many) Amendment	Additional Committee Officer's Mailing	Address, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Addre	ess, City, State, & Zio
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information	Yes (refer to instructions	on back) Li No
	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed	PRINCIPLE CONTRACTOR	ON THE PARTY OF TH
		()	
	Name & Mailing Address, City, State & Zip of Candidate 08/02/2022 Missouri State Auditor	Telephone Number (Candidate Committ	tees Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppase
7.	Ballot Measure Supported or Opposed	The second second	
		- 1 <u>- 1</u>	(한) prompted to the property of the property
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) (Check certification(s))& sign		
	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 d	leclaration made herein is p	ounishable under Ch. 575 RSMo.
	gol Faravycia	45	
	Committee Treasurer	Candidate (Candidate Committees Only	1)