



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

C221920

MISSOURI ETHICS COMMISSION

Office Use
 MAR 18 2022

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 3/15/2022

Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Hruza for Missouri

Name of Committee

11939 Manchester Rd, Suite 314, Des Peres, MO 63131

(314) 441-6793

Telephone Number

St. Louis County

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

Kelly Wuennenberg

Treasurer's Name (First & Last)

11939 Manchester Rd., Suite 314 Des Peres, MO 63131

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 324-4212

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

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

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 (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

George Hruza 11939 Manchester Rd. Suite 314 Des Peres, MO 63131

Name & Mailing Address, City, State & Zip of Candidate

(314) 441-6793

Telephone Number (Candidate Committees Only)

8/2/2022

Election Date

Senate District 24

Office Sought & Political Subdivision

Republican

Political Party

Support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) – Check certification(s) & sign (required by all committees)

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.

[Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)