

C000521



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

MO Ethics Commission
Office Use:
APR 29 2022
Rec'd by email

1. Statement Information

Date: 4/11/2022
Type: [] New [x] Amended (if amending, enter MEC ID C000521 & section changed 3)

2. Committee Information

Ameren Missouri Political Action Committee
Name of Committee
101 Madison St (573) 681-7127
Committee Mailing Address Telephone Number
Committee Email Address County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [] Campaign [] Candidate [x] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Aubrey Krcmar
Treasurer's Name (First & Last)
101 Madison St, Jefferson City, MO 65101 (573) 619-8476 (573) 619-8476
Treasurer's Mailing Address, City, State, & Zip Treasurer's Work Telephone Number
Carol Wuerffel
Deputy Treasurer's Name (if one appointed)
101 Madison St, Jefferson City, MO 65101 (314) 706-9407 (314) 206-0429
Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number 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
Amendment

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

5. Official Bank Account Information (required by all committees)

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

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

Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
Election Date Office Sought & Political Subdivision Political Party 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)

[x] 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 Candidate (Candidate Committees Only)