

C000521



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

MO Ethics Commission
MAY 18 2023

Statement of Committee Organization

1. **Statement Information**

Date: May 11, 2023
Type: New Amended (if amending, enter MEC ID C000521 & section changed Deputy Treasurer)

2. **Committee Information**

Ameren Missouri Political Action Committee
Name of Committee
101 Madison St (573) 681-7127
Committee Mailing Address, City, State, & Zip Telephone Number
Jefferson City, Missouri 65101
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**

Treasurer's Name (First & Last) Andrew Meyer
Treasurer's Mailing Address, City, State, & Zip 101 Madison st, Jefferson City, Missouri 65101
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number
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)
Connected Organization's Name (if any)
Additional Committee Officer's Mailing Address, City, State, & Zip
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)**

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
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)**

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.

Subrey M. Krcma
Committee Treasurer

Candidate (Candidate Committees Only)

X