C151169

MO Ethics Commission
Office Use:
JUN 08 2023
Rec'd by email

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

Statement of Committee Organization

1. Statement Information

Date: _____

Type: ☐ New ☐ Amended (if amending, enter MEC ID: C151169 & section changed: _____)

2. Committee Information

Name of Committee

Committee Mailing Address, City, State, & Zip

Telephone Number

Office Sought (if applicable)

County Clerk, Board of Election Commissioners or Federal House District (if applicable)

Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Ballot Issue ☐ Exploratory ☐ Political Party

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 any applicable)

Deputy Treasurer's Email Address (optional)

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

Deputy Treasurer's Home Telephone Number

Deputy 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

Amendment

Treasurer's Signature (if any)

Treasurer's Signature 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 for all committees)

Bank & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

6. Candidate Supported or Opposed (Candidate committees only; complete if applicable)

Derek Grier 2271 Baxter Road 63017

(314) 229-7232

4/1/2025

Mayor of Chesterfield

Non-Partisan

Candidate Name

Office Sought & Political Subdivision

Political Party

Election Date

7. Ballot Measure Supported or Opposed (Ballot Issue committees only; complete if applicable)

Name of Ballot Measure

Election Date & Political Subdivision

Election Type

8. Signature(s) – Check (optional) & 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 omission may be punishable under Ch. 575 RSMo.

Treasurer Signature

Candidate or Committee Chairperson Signature

MEC 900 (10/19)
Page 1 of 1