

CO31159



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

Missouri Ethics Commission
Office Use:
AUG 22 2024

1. Statement Information

Date: 8/19/24
Type: [] New [x] Amended (if amending, enter MEC ID CO31159 & section changed 2,3,6)

2. Committee Information

Name of Committee: KOSTER for MISSOURI
Address: 12 CARSWOOD Drive, St. Louis, MO 63105 (816) 835-2608
Telephone Number

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): CHRIS KOSTER
Treasurer's Mailing Address, City, State, & Zip: 12 CARSWOOD DR. ST. LOUIS, MO 63105
Treasurer's Home Telephone Number: ()
Treasurer's Work Telephone Number: (816) 835 2608

Deputy Treasurer's Name (if one appointed)
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

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: CHRIS KOSTER, 12 CARSWOOD, ST. LOUIS 63105
Telephone Number (Candidate Committees Only)
Election Date: November 2028
Office Sought & Political Subdivision: STATEWIDE OFFICE
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.

Committee Treasurer: [Signature]
Candidate (Candidate Committees Only): [Signature]