



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:

BB

SN

Statement of Committee Organization

1. Statement Information

Date ☐ 9/6/12

Type: ☒ New ☐ Amended (if amending, enter MEC ID C121452 & section changed _____)

2. Committee Information

Name of Committee McCreezy for Missouri

Committee Mailing Address, City, State, & Zip 41 Rye Lane St. Louis 63132 Telephone Number (314) 569 0943

Official Committee Email Address _____ County Clerk or Board of Election Commissioners St. Louis Co.

Committee Type: ☐ Campaign ☒ Candidate ☐ Debt Service ☐ Exploratory ☐ Political Action (PAC) ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) Joan Bray

Treasurer's Mailing Address, City, State, & Zip 7166 Pershing St. Louis 63130

Treasurer's Email Address (optional) _____

Treasurer's Home Telephone Number (314) 863 7120

Treasurer's Work Telephone Number _____

Deputy Treasurer's Name (if one appointed) _____

Deputy Treasurer's Email Address (optional) _____

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) ☒ No

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

Name & Mailing Address: _____

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

Name & Mailing Address, City, State & Zip of Candidate same as above

Telephone Number (Candidate Committees Only) (314) 569 0943

Election Date August 8 2016 Office Sought & Political Subdivision statwide

Political Party Democrat

Support or Oppose support

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/We certify that this statement is complete, true and accurate.

☐ e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

Committee Treasurer Joan Bray

Candidate (Candidate Committees Only) Tracy McCreezy