



Office Use:

Statement of Committee Organization

1. Statement Information

Date: 04/02/2014
 Type: New Amended (if amending, enter MEC ID C141193 & section changed _____)

2. Committee Information

Committee to Elect David Gregory

Name of Committee
5539 Pine Wood Forest, St. Louis, MO 63128 (314) 619-4230
Committee Mailing Address, City, State, & Zip Telephone Number

St. Louis County Board of Elections
County Clerk or Board of Election Commissioners
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jerry R. Schultz, Jr.
Treasurer's Name (First & Last)
5807 Bahnfyre Ct., St. Louis, MO 63128
Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
 Treasurer's Home Telephone Number (314) 882-2034 Treasurer's Work Telephone Number _____

Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip _____
 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) _____
 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)

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

David Gregory, 5539 Pine Wood Forest, St. Louis, MO 63128 (314) 619-4230
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
August 2, 2016 State Representative - 96th Dist. Republican
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.

Committee Treasurer
 Candidate (Candidate Committees Only)