



Office Use:

Statement of Committee Organization

1. Statement Information

Date: April 15, 2015

Type: New Amended (if amending, enter MEC ID C141193 & section changed 2 & 3)

2. Committee Information

Committee to Elect David Gregory

Name of Committee

5539 Pine Wood Forest, St. Louis, MO 63128

(314) 707-1449

Committee Mailing Address, City, State, & Zip

Telephone Number

St. Louis County Board of Elections

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

LK "Chip" Wood

Treasurer's Name (First & Last)

4604 Butler Bend Ct, St. Louis, MO 63128

Treasurer's Email Address (optional)

(314) 487-9663

(314) 849-6300

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

Treasurer's Home Telephone Number

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)

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

David Gregory, 5539 Pine Wood Forest, St. Louis, MO 63128

(314) 7071449

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

November 2016

MO State Rep - 96th

Republican

Support

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

4/15/15
 Candidate (Candidate Committees Only)