



Statement of Committee Organization

1. Statement Information

Date: 6/3/15
 Type: New Amended (if amending, enter MEC ID C151102 & section changed _____)

2. Committee Information

Name of Committee: EIGEL FOR MISSOURI
 Committee Mailing Address, City, State, & Zip: PO. BOX 39, ST. PETERS, MO 63376
 Telephone Number: (636) 265 0729

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): CARL BEARDEN
 Treasurer's Mailing Address, City, State, & Zip: PO BOX 561, ST. CHARLES, MO 63302
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: () 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)

Name & Mailing Address, City, State & Zip of Candidate: WILLIAM EIGEL, PO BOX 39, ST. PETERS, MO 63376
 Telephone Number (Candidate Committees Only): (636) 265 0729
 Election Date: AUG 2016 Office Sought & Political Subdivision: STATE SENATE 23 Political Party: REPUBLICAN 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: [Signature] Candidate (Candidate Committees Only): [Signature]