



Office Use *BB JL*

Statement of Committee Organization

1. Statement Information

Date: 09/26/2015
 Type: New Amended (if amending, enter MEC ID C151053 & section changed 2, 3, 6)

2. Committee Information

Greitens for Missouri
 Name of Committee
4579 Laclede Ave #138, St. Louis MO 63108
 Committee Mailing Address, City, State, & Zip
 Telephone Number: (314) 899-0288

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

3. Treasurer/Deputy Treasurer Information

Jeff Stuerman
 Treasurer's Name (First & Last)
4579 Laclede Ave #138, St. Louis MO 63108
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Home Telephone Number: ()
 Treasurer's Work Telephone Number: (314) 899-0288

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

AMENDMENT
 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)

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

Eric Greitens 4522 Maryland Ave St Louis 63108
 Name & Mailing Address, City, State & Zip of Candidate
08/02/2016 Governor Republican Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose
 Telephone Number (Candidate Committees Only): (314) 899-0288

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.
Jeff Stuerman _____
 Committee Treasurer Candidate (Candidate Committees Only)