



Office Use: *BB QR*

Statement of Committee Organization

1. Statement Information

Date: 05/04/2016

Type: New Amended (if amending, enter MEC ID C151053 & section changed 3)

2. Committee Information

Greitens for Missouri

Name of Committee

4579 Laclede Ave #138, St. Louis MO 63108

Committee Mailing Address, City, State, & Zip

(314) 899-0288

Telephone Number

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 Email Address (optional)

(636) 300-3200

Home Telephone Number

(314) 899-0288

Treasurer's Work Telephone Number

Chris Bobak

Deputy Treasurer's Name (if one appointed)

4579 Laclede Ave #138, St. Louis MO 63108

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

Deputy Treasurer's Email Address (optional)

(314) 915-0101

Dep. Treasurer's Home Telephone Number

(314) 899-0288

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

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)

Eric Greitens 4522 Maryland Ave St Louis 63108

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

08/02/2016

Election Date

Governor

Office Sought & Political Subdivision

(314) 899-0288

Telephone Number (Candidate Committees Only)

Republican

Political Party

Support

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.

[Signature: J. Sherman]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)