



Office Use: BJB [Signature]

Statement of Committee Organization

1. Statement Information

Date: 4-25-2016
Type: [X] New [ ] Amended (if amending, enter MEC ID C161198 & section changed)

2. Committee Information

ST. LOUIS COUNTY POLICE ASSOCIATION PAC
Name of Committee
8816 MANCHESTER RD #410 ST LOUIS MO 63144 (314) 520-1540
Committee Mailing Address, City, State, & Zip Telephone Number
Official Committee Email Address
ST. LOUIS COUNTY
County Clerk or Board of Election Commissioners
Committee Type: [ ] Campaign [ ] Candidate [X] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

MATTHEW CRECELIOUS
Treasurer's Name (First & Last)
8816 MANCHESTER RD #410 ST LOUIS MO 63144
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Home Telephone Number: (314) 341 4290
Treasurer's Work Telephone Number: SAME
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
Telephone Number (Candidate Committees Only)
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.

[Signature]
Committee Treasurer
Candidate (Candidate Committees Only)