



MISSOURI ETHICS COMMISSION (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Original Use:
7/15 NOV 28 2016

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 11/26/2016
Type: [] New [X] Amended (if amending, enter MEC ID C151053 & section changed 6)

2. Committee Information
Greitens for Missouri

Name of Committee: 4579 Laclede Avenue, #138, St. Louis, MO 63108
Telephone Number: (314) 899-0288

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)
Treasurer's Email Address (optional)
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 Officers 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? [X] Yes (refer to instructions on back) [] No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution
Account Name
Account Number

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

Eric Greitens, 4522 Maryland, St Louis 63108
Election Date: 08/04/2020
Office Sought & Political Subdivision: Governor
Political Party: Republican
Support or Oppose: Support
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)

[X] 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

[Signature]
Candidate (Candidate Committees Only)