

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

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Office Asd AN	1 8	2017	ornission

1	Statement Information			
••	Date: 01/04/2016			
	Type: New Amended (if amending, enter MEC ID COO	0521 & section cha	anged 4	
. 2.				
	Ameren Missouri Political Action Committee	е		
	PO Box 780 Jefferson City, MO 65101		,573 ₁ 681 - 7127	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
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		County Clerk or Board of Election Commission	ners	
	campaign Candidate Continuing	PAC) Debt Service Explo	oratory Political Party	
	Treasurer/Deputy Treasurer Information			
	Jon Albrecht			
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	1310 Industrial Dr. Jefferson City, MO 65109	(573 ₎ 301-7644	(573)681-7521	
	Treasurer's Mailing Address, City, State, & 2ip	Treasurer's Home Telephone Number	Treasurer's Work Talephone Number	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
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	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
Л	Additional Committee Information			
٦,	Brad Kloeppel Chairman- Bob Dixon Vice Chairman - Greg Ringcamp Secretary	PO Box 66149 St. I	ouis MO 63166	
	Additional Committee Officer - Name & Title (if any)	Additional Committee Officer's Mailing Addre		
	Connected Organizations Name (Hany)	Connected Organization's Mailing Address, Ci	ity, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee	Yes (refer to instructions on b	pack) 🔽 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)		
			()	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	nly)	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees)		
	affirm and attest underpenalty of perjury that information ar	nd facts in this report are comple	ete, true, and accurate. I	
•	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			
	Latin Winand V			
	Committee Treaturer	Candidate (Candidate Committees Only)		