



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

Missouri Ethics Commission
 Office Use: FEB 03 2017

Statement of Committee Organization

1. Statement Information

Date: 01/31/2017
 Type: New Amended (if amending, enter MEC ID ~~0091159~~ C031159 & section changed 6)

2. Committee Information

Koster for Missouri
 Name of Committee
 744 Clark Avenue, Webster Groves, MO, 63119
 Telephone Number: (816) 835-2608
 Committee Mailing Address, City, State, & Zip
 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

Erika Brees (Deputy Treasurer)
 Treasurer's Name (First & Last)
 744 Clark Ave, Webster Groves, MO 63119
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
 Treasurer's Home Telephone Number
 Treasurer's Work Telephone Number: (618) 580-0558
 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 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? 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)

Chris Koster, 744 Clark Ave, Webster Groves, MO 63119
 Name & Mailing Address, City, State & Zip of Candidate
 Aug. 6, 2024
 Election Date
 Statewide
 Office Sought & Political Subdivision
 816, 835-2608
 Telephone Number (Candidate Committees Only)
 Democratic
 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.
 Erika Brees (Committee Treasurer)
 Chris Koster (Candidate)