



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

Office MAR 20 2017

Statement of Committee Organization

1. Statement Information

Date: 03/15/2017

Type: [] New [x] Amended (if amending, enter MEC ID C000521 & section changed 2)

2. Committee Information

Ameren Missouri Political Action Committee

Name of Committee

101 Madison Street

(573) 681-7127

Committee Mailing Address, City, State, & Zip

Telephone Number

Jefferson City, MO 65101

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

Jon Albrecht

Treasurer's Name (First & Last)

1310 Industrial Dr. Jefferson City, MO 65109

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

Treasurer's Email Address (optional)

(573) 301-7644

Treasurer's Home Telephone Number

(573) 681-7521

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

AMENDMENT

PO Box 66149

Additional Committee Officer's Mailing Address, City, State, & Zip

St. Louis, MO 63166

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [x] 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)

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 of Jon Albrecht, Committee Treasurer

Candidate (Candidate Committees Only)