



# Statement of Committee Organization

**1. Statement Information**

Date: 2-1-2018  
 Type:  New  Amended (if amending, enter MEC ID C161198 & section changed 5)

**2. Committee Information**

Name of Committee: ST. LOUIS COUNTY POLICE ASSOCIATION PAC  
 Committee Mailing Address, City, State, & Zip: 8816 MANCHESTER RD #410 ST LOUIS MO 63144  
 Telephone Number: 314 240-4960

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**

Treasurer's Name (First & Last): MATT CRECELIVUS  
 Treasurer's Mailing Address, City, State, & Zip: SAME AS ABOVE  
 Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Home Telephone Number: 314 3414290  
 Treasurer's Work Telephone Number: 314 240 4960  
 Deputy Treasurer's Name (if one appointed): N/A  
 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): N/A AMENDMENT  
 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.  
 Committee Treasurer: Matt Crecelivus  
 Candidate (Candidate Committees Only): \_\_\_\_\_