



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

Office Use:
 MAY 17 2018

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 05/15/2018
 Type: New Amended (if amending, enter MEC ID C151053 & section changed 5)

2. Committee Information

Greitens for Missouri
 Name of Committee
PO Box 144 Jefferson City, MO 65102 (314) 899-0288
 Committee Mailing Address, City, State, & Zip Telephone Number
Cole County Clerk
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jeff Stuerman
 Treasurer's Name (First & Last)
PO Box 144 Jefferson City, MO 65102 (636) 300-3200 (314) 899-0288
 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

AMENDMENT
 Additional Committee Officer's 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)

Eric Greitens PO Box 144 Jefferson City, MO 65102 (314) 899-0288 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08/04/2020 Governor Republican Support
 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]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)