



# Statement of Committee Organization

## 1. Statement Information

Date: 11/12/2018  
 Type:  New  Amended (if amending, enter MEC ID C180094 & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: Elad Gross For Missouri  
 Committee Mailing Address, City, State, & Zip: P.O. Box 21666, St. Louis, MO 63109  
 Telephone Number: (314) 753-9033  
 Official Committee Email Address: \_\_\_\_\_  
 County Clerk or Board of Election Commissioners: St. Louis City  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Alicia Smith  
 Treasurer's Mailing Address, City, State, & Zip: 414 N. 7th Street, De Soto, MO 63020  
 Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Home Telephone Number: (314) 779-5245  
 Treasurer's Work Telephone Number: \_\_\_\_\_  
 Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
 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): \_\_\_\_\_  
 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: Elad Gross, 5653 Southwest Ave, St. Louis, MO 63134  
 Telephone Number (Candidate Committees Only): (314) 753-9033  
 Election Date: August 4, 2020  
 Office Sought & Political Subdivision: Attorney General  
 Political Party: Democrat  
 Support or Oppose: Support

## 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: Alicia Smith  
 Candidate (Candidate Committees Only): [Signature]