



SA

Statement of Committee Organization

1. Statement Information

Date: 3/21/19
 Type: New Amended (if amending, enter MEC ID C000824 & section changed 5)

2. Committee Information

Name of Committee _____
 Committee Mailing Address, City, State, & Zip _____ Telephone Number () _____
 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) _____ Treasurer's Email Address (optional) _____
 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)

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.

Chris Grand _____
 Committee Treasurer Candidate (Candidate Committees Only)