



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

Office Use:
 JUL 03 2019

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 7/1/2019
 Type: New Amended (if amending, enter MEC ID C151053 & section changed 2, 3, 6)

2. Committee Information

Greitens for Missouri
 Name of Committee
PO Box 144 Jefferson City, MO 65102
 Committee Mailing Address, City, State, & Zip
(816) 287-0711
 Telephone Number

Cole County Clerk
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jack Neyens
 Treasurer's Name (First & Last)
PO Box 144 Jefferson City, MO 65102
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(636) -386-5295
 Treasurer's Home Telephone Number
()
 Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed)
 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)

Eric Greitens PO Box 144 Jefferson City, MO 65102
 Name & Mailing Address, City, State & Zip of Candidate
08/04/2020
 Election Date
Governor
 Office Sought & Political Subdivision
(816) 287-0711
 Telephone Number (Candidate Committees Only)
Republican
 Political Party
Support
 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)