

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

Statement of Committee Organization

Office Use:	1
C222025	

Statement Information	on			
Date: 04/12/2022	_			
Type: New	Amended (if amending, enter MEC ID	& section c	& section changed	
Committee Informati	ion			
Citizens for Crump 202	22			
Name of Committee	Saint Lauis MO C3100		(24.4) 220 (462	
Committee Mailing Address, City,	state, & Zip		(314) 229-6463 Telephone Number	
[REDACTED]		St. Louis City Board of Elections County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee		
Official Committee Email Address	Compaign Condidate Continue		_	
Committee Type:		ing(PAC) Debt Service	Exploratory Political Par	
Treasurer/Deputy Tre	easurer Information			
Robert Crump Treasurer's Name (First & Last)		[REDACTED]		
		Treasurer's Email Address (optional)		
3955 Jamieson Avenue Apt. 1E Saint Louis, MO 63109 Treasurer's Mailing Address, City, State, & Zip		(314) 781-9029 Phone 1	Phone 2	
		[REDACTED]		
Deputy Treasurer's Name (if one a	appointed)	Deputy Treasurer's Email Address (optional)		
Deputy Treasurer's Mailing Address, City, State, & Zip		Phone 1	Phone 2	
Additional Committee	Information			
Additional Committee	e information			
Additional Committee Officer's Na	e Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip		ddress, City, State, & Zip	
Connected Organization's Name (if any)	Connected Organization's Mailing Addres	ss, City, State, & Zip	
CANDIDATES: Do you	have more than one candidate committee	? Yes (refer to instruction	ns on back)	
Official Bank Account	Information (required by all committees			
[REDACTED]		[REDACTED]	[REDACTED]	
Name & Mailing Address, City, State, & Zip of Financial Institution		Account Name	Account Number	
Candidate Supported	or Opposed (candidate committees must	t include self, if candidate)		
obert Crump 3955 Jamieson Avenue Apt 1E St. Louis, MO		(314) 781-9029		
63109 Name & Mailing address, City, State, & Zip of Candidate		Phone 1	Phone 2	
	State			
08/02/2022	Representative/Missouri	Republican		
51 5 .	House of Representatives			
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
Ballot Measure Suppo	orted or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
Signature(s) Check ce	rtification(s) & sign (required by all comn	nittees)		
	nder penalty of perjury that information a		olete, true, and accurate. I	
	that I am aware that any false statement			
ELECTRONICALLY ELLE	ECTRONICALLY FILED Apr 12 2022 04:21 DM		ELECTRONICALLY EILED Apr 12 2022 04:21 DM	

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Committee Treasurer

Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 10/2019)