

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:	
C222341	

1.	Statement Information			
	Date: <u>12/27/2022</u>			
	Type: New Amended (if amending, enter MEC ID	& section changed		
2.	Committee Information			
	Missouri Agrees Name of Committee			
	237 South Greentrails Drive South Chesterfield, MO 63017		(314) 440-7509	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
	[REDACTED] Official Committee Email Address	St. Louis County Board of Electron Commissione		
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	ploratory Political Pary	
3.	reasurer/Deputy Treasurer Information			
	Frederic Steinbach	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	237 South Greentrails Drive S Chesterfield, MO 63017 Treasurer's Mailing Address, City, State, & Zip	(314) 440-7509 Phone 1	Phone 2	
		[REDACTED]		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	, Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Co	ity, State, & Zip	
	${\it CANDIDATES: Do you have more than one candidate committee?}$	Yes (refer to instructions on back) No		
5.	Official Bank Account Information (required by all committees)	itees)		
	[REDACTED]	[REDACTED]	[REDACTED]	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
5.	Candidate Supported or Opposed (candidate committees must in	iclude self, if candidate)		
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees me	ust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	Signature(s) Check certification(s) & sign (required by all committ	·		
	affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I ther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			
	ELECTRONICALLY FILED Dec 27 2022 04:15 PM	ELECTRONICALLY FILED Dec 27 2022 04:15 PM		
	Committee Treasurer	Candidate (Candidate Committees Only)		