



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

Office Use: BB MR

Statement of Committee Organization

1. Statement Information

Date: _____
 Type: New Amended (if amending, enter MEC ID C151053 & section changed _____)

2. Committee Information

Greitens for Missouri
 Name of Committee
 4579 Laclede Ave #138, St. Louis MO 63108 (314) 675-0197
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 Exploration Political Party

3. Treasurer/Deputy Treasurer Information

Jeff Stuerman
 Treasurer's Name (First & Last) Treasurer's Email Address (optional) _____
 4579 Laclede Ave #138, St. Louis MO 63108 () (314) 675-0197
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

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)

Name & Mailing Address, City, State, & Zip of Financial Institution _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Eric Greitens 4522 Maryland Ave St. Louis 63108 X (314) 675-0197 ()
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
 8/2/2016 Statewide Office Republican Support
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.

[Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)