



APR 02 2015

Statement of Committee Organization

1. Statement Information

Date: 04/01/2015
 Type: New Amended (if amending, enter MEC ID C151077 & section changed _____)

2. Committee Information

Missourians for John Brunner
 Name of Committee
PO Box 144 Jefferson City, MO 65102
 Committee Mailing Address, City, State, & Zip
(417) 882-9300
 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

Karen Giamalva
 Treasurer's Name (First & Last)
7701 Forsyth Blvd Suite 1035 Clayton, MO 63105
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
() (314) 721-3502
 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)

John Brunner 11939 Manchester Road #151 St. Louis, MO 63131
 Name & Mailing Address, City, State & Zip of Candidate
08/02/2016 Governor (314) 721-3502 ()
 Election Date Office Sought & Political Subdivision Telephone Number (Candidate Committees Only)
Republican Support
 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.

Karen L. Giamalva [Signature]
 Committee Treasurer Candidate (Candidate Committees Only)