



Office Use: RM

Statement of Committee Organization

1. Statement Information

Date: April 20, 2016
 Type: New Amended (if amending, enter MEC ID C161187 & section changed _____)

2. Committee Information

Great St. Louis
 Name of Committee
308 East High Street, Suite 301, Jefferson City, MO 65101
 Committee Mailing Address, City, State, & Zip (573) 634-2500
 Telephone Number
Cole County
 County Clerk or Board of Election Commissioners
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Gerald Hawthorne
 Treasurer's Name (First & Last)
4549 Arco Avenue, St. Louis, MO 63110
 Treasurer's Mailing Address, City, State, & Zip
Joe Wilson
 Deputy Treasurer's Name (if one appointed)
1034 S. Brentwood Blvd., Ste. 1700
 Deputy Treasurer's Mailing Address, City, State, & Zip St. Louis, MO 63117
 Treasurer's Email Address (optional) _____
 Treasurer's Home Telephone Number ()
 Treasurer's Work Telephone Number (314) 267-3689
 Deputy Treasurer's Email Address (optional) _____
 Dep. Treasurer's Home Telephone Number ()
 Dep. Treasurer's Work Telephone Number (314) 361-3313

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, City, State, & Zip of Financial Institution

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

 Name & Mailing Address, City, State & Zip of Candidate

 Telephone Number (Candidate Committees Only)

 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.

 Committee Treasurer

 Candidate (Candidate Committees Only)
 MISSOURI ETHICS COMMISSION

APR 20 2016

HAND DELIVERED