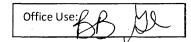


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

1.	Statement Information		
	Date: 4/1/16	4050	•
	Type: New Amended (if amending, enter MEC ID C151053 & section changed 6		
2.	Committee Information Greitens for Missouri		
	4579 Laclede Ave #138, St. Louis MO 631	08	(314 ₎ 675-0197
			Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	ners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service 🔽 Expl	oratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Jeff Stuerman		
	Treasurer's Name (First & Last) 4579 Laclede Ave #138, St. Louis MO 63108	Treasurer's Email Address (optional)	,314 \6750 1 97
	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		
	Addingual Complished Office is stating as Take jumpy.	Additional Committee Officer's Mailing Addre	ess, City, State, & 2ip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on h	pack) / No
5.	Official Bank Account Information (required by all committees)	- co (. c.a. to moraetions on .	ocky
	Hallie & Halling reaction, only, seeing a sign and all and a sign	Account Harne	
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Eric Greitens 4522 Maryland Ave St Louis 63108	(314)675-0197	()
	Name & Mailing Address, City, State & Zip of Candidate 8/2/2016 Governor	Telephone Number (Candidate Committees C	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
	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 o	declaration made herein is puni	shable under Ch. 575 RSMo.
_	ad tulian	Z - Y C	2/2
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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