

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

## Statement of Committee Organization

Γ	Office UNOV 2	1 2018
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1.	Statement Information				
	Date: 11/20/2019 🔞				
	Type: New Amended (if amending, enter MEC ID $(180700)$ & section changed				
	Committee Information				
,	air Missouri				
	Name of Committee				
	1902 West Jesse James Road Excelsior Springs, MO 64024 Committee Mailing Address. City. State 2. 7ip		(816) 630-6525 Telephone Number		
	$\mathcal{D}_{\mathcal{S}}$	Clay County Board of Election	ns		
	Wall-	County Clerk or Board of Election Commission	ners		
	Committee Type: 🗸 Campaign 📗 Candidate Continuing	g(PAC) Debt Service Ex	ploratory Political Par		
	reasurer/Deputy Treasurer Information				
:	William Greim, Jr.				
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)			
	1902 West Jesse James Road Excelsior Springs, MO 64024_ Treasurer's Mailing Address, City, State, & Zip	(816) 630-6525 Phone 1	Phone 2		
	Deputy Treasurer's Name (if one appointed)  Deputy Treasurer's Email Address (optional)				
	, Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Oh ava 2		
		Phone 1	Phone 2		
	Additional Committee Information				
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	City, State, & Zip		
	CANDIDATES: Do you have more than one candidate committee?	ttee? Yes (refer to instructions on back) No			
	Official Bank Account Information (required by all committees)				
		leteliles di Herendidate			
	Candidate Supported or Opposed (candidate committees must in	nclude self, ir 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 must complete this section)		ust complete this section)			
	Measures to reform Missouri redistricting	11/03/2020, Statewide	Support		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose		
	gnature(s) Check certification(s) & sign (required by all committees)				
	■affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I				
	urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMc $\frac{1}{4}$				
	Committee Treasurer	Candidate (Candidate Committees Only)			
		Sandade (Condidate Committees Only)			

MO 300-1308

Form must be completed in full & contain orginal signature(s), fax filings are not accepted.

Packet (Rev. 01/2016)