



MISSOURI ETHICS COMMISSION

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

PERSONAL FINANCIAL DISCLOSURE STATEMENT

1. Statement Type

NEW

2. Filing Status & Time Period Covered

A. Filer Status

X Annual Filer: file from Jan 1 to Dec 31 of prior year (If no longer serving, enter the time period served), due by May 1

Newly Appointed/Employed: file for calendar year before start date, due within 30 days

Incumbent Candidate: file from Jan 1 of prior year to closing date for candidacy (may be longer than 12-month period), due within 14 days of closing date for candidacy

New Candidate: file for the 12-month period before the closing date for candidacy, due within 14 days of closing date for candidacy

B. Time Period Covered: From 1/1/2017 To 12/31/2017

3. Filer's Information

Eric Greitens

Filer's name (First, Middle, Last)

Board of Public Buildings

Jefferson City, MO 65101

Mailing Address

City/State/Zip

Jacob Greitens

Sheena E Greitens

Joshua Greitens

Spouse's Name (First, Middle, Last)

Dependent Child(ren)s name

Office of the Governor

Governor

Office of Administration

Board of Fund Commissioner

Office of Administration separate from yourself (if your spouse is not required to file, you MUST disclose his/her information).

Political Subdivision or State Agency

Title (Position/Office Seeking)

\* Includes all children, stepchildren, foster children and wards under the age of eighteen residing in the person's household and who receive in excess of 50% of their support from the person.

4. Employment

List the name and address of each employer from whom you, your spouse, or dependent child(ren) received income of \$1,000 or more during the period covered by this statement.

Curators of the University of Missouri

PO Box 56 Columbia MO 65205

Sheena E Greitens

Employer Name

Employer Address/City/State/Zip

Person's name who received income

State of Missouri

PO Box 809 Jefferson City MO 65102

Eric Greitens

Employer Name

Employer Address/City/State/Zip

Person's name who received income

5. Sole Proprietorships

List each sole proprietorship owned by you, your spouse, or dependent child(ren) during the time period covered by this statement.

Sheena Greitens LLC

100 Madison St Jefferson City MO 65109

Sole Proprietorship Name

Sole Proprietorship Address/City/State/Zip

J & J Escape LLC

165 N. Meramec Avenue, Suite 110 St. Louis MO 63105

Sole Proprietorship Name

Sole Proprietorship Address/City/State/Zip

6. **General Partnerships, Joint Ventures**

List each general partnership and joint venture in which you, your spouse, or dependent child(ren) were a partner or participant and the names of partners or co-participants unless such names and addresses are filed with the Secretary of State during the time period covered by this statement.

N/A	N/A	N/A	N/A	N/A
General Partnership or Joint Venture Name	Address/City/State/Zip	Nature of Business	Partner/Coparticipant's Name and Address	Party Involved

7. **Stocks, Bonds, and Other Holdings**

**EXCEPTIONS** Interest in any qualified plan or annuity pursuant to the Employees Retirement Income Security Act (ERISA) is not required to be listed.

Members of state boards or commissions, uncompensated except for actual expenses or a per diem allowance, do not have to report interest in publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system.

- A. *Limited Partnerships, Closely-held Corporations:* List the name of any closely-held corporation/limited partnership in which you, your spouse, or dependent child(ren) own ten percent (10%) or more of any class of the outstanding stock or units during the time period covered by this statement.
- B. *Publicly Traded Corporation or Limited Partnership:* List the name of any publicly traded corporation or limited partnership which is listed on a regulated stock exchange or automated quotation system in which you, your spouse, or dependent child(ren) own two percent (2%) or more of any class of outstanding stock, units or other equity interests during the time period covered by this statement.
- C. List the name and address of each entity in which you, your spouse, or dependent child(ren) owned stock, bonds, or other equity interest with a value of more than \$10,000 during the time period covered by this statement. If the entity is a copration listed on a regulated stock exchange, list the name only.

SPDR Dow Jones Industrial Average ETF	C	N/A	Self and Spouse
Entity	Type	Nature of Business	Party Involved
SPDR S&P 500 ETF	C	N/A	Self and Spouse
Entity	Type	Nature of Business	Party Involved
Eric Greitens LLC	C	N/A	Self
Entity	Type	Nature of Business	Party Involved

8. **Miscellaneous Income**

List the name and address of any source from which you, your spouse, or dependent child(ren) received \$1,000 or more during the time period covered by this statement. If income is from publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system and not reported elsewhere on this form, list the name only. If income is from publicly traded corporations or limited partnerships listed on a regulated stock exchange or automated quotation system and not reported elsewhere on this form, list the name only.

N/A	N/A	N/A
Source of Income	Source Address/City/State/Zip	Person's name who received income

9. **Real Property**

List any real property owned by you, your spouse, or dependent child(ren), located in Missouri, other than personal residence, having a fair market value of \$10,000 or more during the time period covered by this statement. Include name and address of parties involved if property was transferred during the time period covered by this statement. Missouri law defines three subclassifications: Subclass 1 - Residential, Subclass 2 - Agricultural, Subclass 3 - Commercial & any other real estate.

N/A	N/A	N/A	N/A	N/A	N/A
Location - County	Tax sub-class	Approx. Size (acreage, sq footage, etc)	Major Improvements (buildings, etc.)	Use of Property	Seller/Buyer Name and Address

10. **Corporations**

List the name and address of each corporation for which you, your spouse, or dependent child(ren) served in the capacity of a director, officer or receiver during the time period covered by this statement.

N/A	N/A	N/A
Corporation Name	Corporation Address/City/State/Zip	Person's name who served capacity

11. **Associations, Organizations, Unions & Not-for-Profit Organizations**

List the name and address of each association, organization, and union, whether incorporated or not, and each not-for-profit corporation in which you, your spouse, or dependent child(ren) was an officer, director, employee, or trustee at any time during the time period covered by this statement. **Do not include** church, fraternal or service organizations where no pay was received.

N/A	N/A	N/A	N/A
Name	Entity Address/City/State/Zip	General Purpose	Party Involved

12. **Gifts, Honoraria**

List the name and address of any source of gifts or honoraria valued at \$200 or more received by you, your spouse, or dependent child(ren) during the time period covered by this statement. **Do not include** a gift from your spouse, child(ren), parent, grandparent, grandchild(ren), great grandparent, great grandchild(ren), brother, sister, aunt, uncle, niece or nephew.

Raj Mantena (travel)	501 South Flagler Drive, Suite 600 West Palm Beach FL 33401	Self
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria
Onshore Outsourcing (in state travel)	902 North Missouri Street Macon MO 63552	Self
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria
HFC, LLC (in state travel)	120 S. Central Avenue, Suite 1000 St. Louis MO 63105	Self
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria
B-Air LC (in state travel)	731 N. Main Sikeston MO 63801	Self
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria
Birkel Electric (in state travel)	652 Trade Center Blvd Chesterfield MO 63005	Self
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria
Jerry Kent (in state travel)	12444 Powerscourt Dr. St. Louis MO 63133	Self
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria
Herzog Contracting Corp. (in state travel)	600 S Riverside Rd St. Joseph MO 64507	Self
Donor's Name	Donor's Address/City/State/Zip	Person's name who received gift/honoraria

13. **Lodging and Travel**

List lodging and travel expenses incurred by you, your spouse, or dependent child(ren) paid by a third person for expenses incurred outside Missouri whether by gift or in relation to the duties of the office during the time period covered by this statement. **Do not include** expenses paid in the ordinary course of business described in items 4, 5, 6, 7, or 10; expenses reimbursed by law, expenses paid by persons related by third degree of consanguinity or affinity, expenses reported under Chapter 130 RSMo, or expenses for purely personal travel not related to official duties and not paid for by a lobbyist, lobbyist principal, or officer, director of any association or entity which employs a lobbyist.

Drury Development	Self, Spouse, and Dependent Child(ren)	01/20/2017	\$3800.00	Dulles, VA	Presidential Inauguration
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Herzog Contracting Corporation	Self	02/24/2017	\$40000.00	Las Vegas, NV - Springfield, MO - Dulles, VA	Republican Jewish Coalition Conference & Republican/National Governors Association Events (gross travel costs)
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Republican Governors Association	Self	03/05/2017	\$16000.00	Deer Valley, UT	Republican Governors Association Event
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason

Herzog Contracting Corporation	Self	03/10/2017	\$19600.00	Sea Island, GA	American Enterprise Institute World Forum
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Cequel III	Self	03/13/2017	\$3905.00	Wichita, KS	Meetings
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Republican Governors Association	Self	05/15/2017	\$3891.45	Miami, FL	Republican Governor's Association
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Cequel III	Self	06/09/2017	\$5460.00	Little Rock, AR	Huckabee Rally
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Steve Plaster	Self	06/24/2017	\$994.00	Colorado Springs, CO	The Seminar Network Event (travel)
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Republican Governors Association	Self and Spouse	07/24/2017	\$38627.57	Aspen, CO	Republican Governors Association event
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Republican Governors Association	Self	08/10/2017	\$35381.24	Nashville, TN	Republican Governors Association event
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Herzog Contracting Corporation	Self	10/03/2017	\$21375.00	Teterboro, NJ - Dulles, VA	Meetings- NY & Republican Governor Association event
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Herzog Contracting Corporation	Self	10/21/2017	\$8625.00	Chicago, IL - Des Moines, IA	Iowa Harvest Festival event with Gov. Kim Reynolds
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Republican Governors Association	Self	11/14/2017	\$12836.98	Austin, TX	Republican Governors Association event
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Pete Ricketts	Self, Spouse, and Dependent Child(ren)	10/08/2017	\$15293.91	Grand Island, NE	Governor Ricketts Steak Fry Event
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Hawthorn Foundation	Self and Spouse	09/23/2017	\$28581.09	Asia Trade Mission-China and Korea	Trade Mission
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Hawthorn Foundation	Self	10/16/2017	\$28738.72	Europe-UK and Switzerland	Trade Mission

Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Hawthorn Foundation	Self	11/05/2017	\$5963.29	Israel and Doha, Qatar	Trade Mission/Visit Mo National Guard Troops
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Republican Jewish Coalition (RJC)	Self	11/05/2017	\$14124.00	Israel	Trade Mission to Israel
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason
Hawthorn Foundation	Spouse	11/05/2017	\$21745.06	Asia-Korea and China	Sheena Greitens Travel - Asia Trade Mission (accompanying on Governor's Delegation)
Expenses paid by (name & address)	Party Involved	Date	Amount	Travel Location	Travel Reason

14. **Trust Assets**

If you, your spouse, or dependent child(ren), is the settlor (creator) of a revocable trust, list any assets in the trust that would have been reported elsewhere on this form, during the time period covered by this statement, if they had not been in the trust.

N/A	N/A
Trust Assets	Party Involved

15. **Relatives**

List spouse, parent(s), child(ren), and child(ren)'s spouse who were employed, during the time period covered by this statement, by the State of Missouri, a political subdivision or special district, or who were lobbyists, or who were fee agents of the Department of Revenue.

Sheena Greitens	Spouse	Assistant Professor, University of Missouri
Relative's Name	Relationship to filer	Position/Title

16. **Committees**

List the name and address of each campaign committee, candidate committee, continuing committee/PAC, or political party committee from which any person or corporation listed on this statement received payment during the time period covered by this statement.

N/A	N/A	N/A
Committee Name	Committee Address/City/State/Zip	Person's name who received payment

17. **State Tax Credits**

List any state tax credits claimed on the most recent state income tax return. (Only required to be listed by members of the general assembly or any state-wide elected public official, their spouse or dependent child(ren)).

N/A	N/A
State Tax Credit Claimed	Person who received credit

18. **Signature**

COMPLETE AND SIGN THIS SECTION: (Select Only One)

- AGREE** 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.
- N/A** I affirm and attest under penalty of perjury that information and facts in this report, are complete, true, and accurate and that my spouse has refused or failed to provide information concerning his or her financial interest and that I have no working knowledge of such interests. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

ELECTRONICALLY FILED

5/1/2018 4:06:09 PM

Electronic Signature

Date Signed