

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

MISSOURI ETHICS COMMISSION Office Use: JUN 0 9 2020

## **Statement of Committee Organization**

HAND DELIVERED

Statement Information  Date: 6/1/2020		
Type: $\square$ New $\blacksquare$ Amended (if amending, enter MEC ID $\underline{C1}$	51053 & section c	hanged 3, 6
Committee Information		
Greitens for Missouri		
PO Box 144 Jefferson City, MO 65102		(816 <sub>)</sub> 287-0711
Committee Mailing Address, City, State, & Zip	Cole County Clerk	
Committee Type:  Campaign  Candidate  Continuing		oners, or Federal PAC/Out of State Committee
	(FAC) Debt service DEX	pioratory Direction raity
Treasurer/Deputy Treasurer Information  Jack Neyens		
Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
PO Box 144 Jefferson City, MO 65102	(314) 276-0906	( )
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 (option	ral)
Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Numb	( ) er Dep. Treasurer's Work Telephone Numbe
Additional Committee Information		A Committee of the Comm
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing A	ddress, City, State, & Zip
Connected Organization's Name (if any)	Connected Organization's Mailing Addres	s, City, State, & Zip
CANDIDATES: Do you have more than one candidate committe		n back) 🗌 No
Official Bank Account Information (required by all committee	s) -	图表对 保护官员 化多定位额
		,
Candidate Supported or Opposed (candidate committees mu: Eric Greitens PO Box 144 Jefferson City, MO 65102	(816 \ 287-0711	
Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committee	res Only)
08/06/2024 Statewide Office	Republican	Support
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supported or Opposed (campaign committee	s must complete this section)	
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) : Check certification(s) & sign (required by all cor	nmittees)	
■ I affirm and attest under penalty of perjury that information	and facts in this report are com	plete, true, and accurate. I
further acknowledge that I am aware that any false statement of		
You The	7	15

Packet (Rev. 10/2019)