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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) MISSOURI FIRST PO BOX 218 ADDRESS (number and street) (Check if address is changed) WARRENTON 63383 MO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS MISSOURIFIRST@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00777599 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. GREITENS, ERIC, , , Type or Print Name of Treasurer GREITENS, ERIC, , , [Electronically Filed] 10 15 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the can	didate information below.)
(b) This committee is an authorized committee, and is NOT a principal cainformation below.)	ampaign committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House	State President District
(c) This committee supports/opposes only one candidate, and is NOT an	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected org	panization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capita	al Stock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	_
(f) This committee supports/opposes more than one Federal candidate, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
x In addition, this committee is a Leadership PAC. (Identify sp	onsor on line 6.)
(g) This committee is an independent expenditure-only political committee	(Super PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non	a-contribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized committee committee.	·
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee committee.	·
Committees Participating in Joint Fundraiser	
1.	C
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l	FEC Form 1 (Revise	d 02/2009)	Page <b>3</b>
٧	/rite or Type Committee Na	me	
	MISSOURI F	IRST	
6.	Name of Any Connected THE G TEAM	Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
	THE G TEAW		
	Mailing Address	PO BOX 218	
		WARRENTON   MO	63383
		CITY ▲ STATE	▲ ZIP CODE ▲
	Relationship: Connect	ed Organization Affiliated Organization X Joint Fundraising Represe	entative Leadership PAC Sponsor
			_
7.	Custodian of Records: Ide	entify by name, address (phone number optional) and position of the per	son in possession of committee
	CRATE,	BRADLEY, T, ,	
	Full Name		
	Mailing Address	138 CONANT STREET	
		STE 201	
		BEVERLY	01915
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	CUSTODIAN OF RECORD	S Telephone number	617 - 303 - 6800
3.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committed., assistant treasurer).	tee; and the name and address of
	Full Name GREITE	ENS, ERIC, , ,	
	of Treasurer		
	Mailing Address	PO BOX 218	
		WARRENTON	63383
		CITY ▲ STATE	▲ ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	617 - 303 - 6833

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Full Name of CRATE Designated Agent	E, BRADLEY, T, ,		
Mailing Address	138 CONANT STREET		
	STE 201		
	BEVERLY		01915
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼  CUSTODIAN OF RECOR	DS	Telephone number 617	
. Banks or Other Deposit safety deposit boxes or n	tories: List all banks or other depositories in naintains funds.	which the committee deposits fund	s, holds accounts, rents
Name of Bank, Depositor	ry, etc.		
CHA  Mailing Address	IN BRIDGE BANK  1445A LAUGHLIN AVENUE		
	MCLEAN CITY ▲	VA 2 STATE ▲	22101 ZIP CODE ▲
Name of Bank, Depositor	ry, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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