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FEC FORM 1		STATEMEN ORGANIZA			PAGE 1 / 4
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
THE G TEA	١M				
		PO BOX 989			
ADDRESS (number an		16105 SWINGLEY RIDGE RO			
(Check if a is changed					
				MO 63	3006
		CITY A		STATE A	ZIP CODE▲
COMMITTEE'S E-MA		SS			
(Check if a		THEGTEAM@REDCUF	RVE.COM		1
is changed	1)				
		Optional Second E-Mail Add	ress		
Check if a is changed					
2. DATE 04					
3. FEC IDENTIFIC	CATION NU	MBER ► C CO	0777607		
4. IS THIS STATEN	MENT ×	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined th	is Statement and to the best of	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of	of Treasurer	NEYENS, JACK, , ,			
Signature of Treasure	er <u>NEYE</u>	NS, JACK, , ,	[Electronically Filed]	Date 04	/ D D / Y Y Y Y 22 2021
NOTE: Submission of			nay subject the person signing t N SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office Use Only			For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FE	C For	n 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF CC	DMMITTEE	
Cand	idate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate
Name ( Candid			
Candid Party A		n Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candid			
Party	Com	mittee:	
(d)			emocratic, publican, etc.) Party.
Politic	cal Ac	tion Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	cted organization is a
		Corporation Corporation w/o Capital Stock	abor 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, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint I	Fundr	aising Representative:	
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two c committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Comn	nittees Participating in Joint Fundraiser	
	1.	GREITENS FOR US SENATE FEC ID number C C00774	059
	2.	MISSOURI FIRST	599
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

## THE G TEAM

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address				
	CITY	STATE	ZIP CODE	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

CRATE, B	RADLEY, T, ,
Full Name	
Mailing Address	138 CONANT STREET
	BEVERLY MA 01915
Title or Position	CITY STATE ZIP CODE
	617  303  6800    Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	NEYENS, JACK, , ,	
Mailing Address	PO BOX 989	
	CHESTERFIELD	
	CITY STATE Z	ZIP CODE
Title or Position		276 0906

Full Name of Designated Agent	CRATE, BRADLEY, T, ,		
Mailing Address			
		MA 01915	
		MA 01915	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address			
		VA 22101 -	
	CITY	STATE ZIP CODE	
Name of Bank, [	epository, etc.		
Mailing Address			
	CITY	STATE ZIP CODE	