

GOOD GOVERNMENT FOR MISSOURI

A bipartisan PAC amplifying the voice of Missouri's Jewish community

MEMBERSHIP FORM

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Cell: _____ Work Phone: _____

Email: _____

Employer: * _____

*If self-employed, please indicate the nature of your business.

Employer Address: _____

City: _____ State: _____ Zip: _____

Please check whether you identify yourself as:

☐ Democrat ☐ Republican ☐ Independent ☐ Other _____

Contribution Levels

- ☐ \$250 – Suggested minimum contribution for those under age 40
- ☐ \$500 – Suggested minimum contribution for those age 40 and over
- ☐ \$1,000 – Leadership contribution
- ☐ Other – \$ _____

Contributions can also be made online at <https://www.ggfmpac.org/join>.

In compliance with SB 152 (2025), I affirm that the contributor is not a foreign national (as defined in RSMO 130.170) and has not received contributions from prohibited sources (as defined in RSMO 130.170) aggregating over \$10,000 in the four-year period preceding the date of the contribution.

Sign here: _____

Good Government for Missouri
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