

C091080

FEB 15 2023



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov
Statement of Committee Organization

Office Use:

1. Statement Information

Date: 2-12-23

Type: [] New [X] Amended (if amending, enter MEC ID C091030 & section changed 6)

2. Committee Information

MISSOURIANS FOR MIKE CIERPIOT
Name of Committee

214 NE LANDINGS L.S. Mo 64064
Committee Mailing Address, City, State, & Zip

(816) 289-5117
Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: [] Campaign [] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Connie Cierpiot
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

SAME
Treasurer's Mailing Address, City, State, & Zip

(816) 289-5115
Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

NA
Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

NA
Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

Amendment

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [X] No

5. Official Bank Account Information (required by all committees)

Bank

Account Name

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate Lee's Summit

Telephone Number (Candidate Committees Only)

4-13-2029
Election Date

City Council
Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

NA
Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) - Check certification(s) & sign (required by all committees)

[X] 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.

Connie J. Cierpiot
Committee Treasurer

Mike Cierpiot
Candidate (Candidate Committees Only)