



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CD1108

OFFICE USE ONLY  
*[Handwritten initials]*

STATEMENT DATE <b>10/10/2008</b>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		PAGE(S) REFERRED, LIST ITEMS CHANGED (LINE NUMBER(S)) Line 4	
3. FULL NAME OF COMMITTEE <b>Citizens for Roddy</b>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <b>130 S. Boniston Ave., Ste. 602</b> CITY / STATE / ZIP: <b>St. Louis, MO 63105</b>				5. TELEPHONE NUMBER <b>314-805-8138</b>	
6. TREASURER'S NAME					
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:				8. TELEPHONE NUMBER HOME: WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> BEST SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION				CHECK ONE E. SUPPORT F. OPPOSED <input type="checkbox"/> <input type="checkbox"/>	
18. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION				CHECK ONE E. SUPPORT F. OPPOSED <input type="checkbox"/> <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)		

AMENDMENT

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

*[Handwritten Signature]*  
TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

*[Handwritten Signature]*  
CANDIDATE'S SIGNATURE

MISSOURI ETHICS COMMISSION  
OCT 16 2008