

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

 Office	Use:	NODE	
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Statement of Committee Organization

Statement Information Date: 01/03/2012					
Type: New Amended (if amending, enter MEC ID CO	91080 & section changed 6				
Committee Information					
Missourians for Mike Cierpiot					
Name of Committee	64064				
214 NE Landings Circle, Lee's Summit, MO	Telephone Number				
j.					
Official Committee Email Address	County Clerk or Board of Election Commissioners				
Committee Type: Campaign Candidate Debt Service	ce Exploratory Political Action (PAC) Political Party				
Treasurer/Deputy Treasurer Information					
Same as on file					
Treasurer's Name (First & Last)	Treasurer's Email Address (optional)				
Treasurer's Mailing Address, City, State, & Zip	() Treasurer's Home Telephone Number Treasurer's Work Telephone Number				
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				
Additional Committee Information					
Additional Committee Clificer's Nurse & Pres (iffan)	Additional Committee Officer's Mailing Address, City, State, & Zip				
Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip				
CANDIDATES: Do you have more than one candidate committe	e? Yes (refer to instructions on back)				
Official Bank Account Information (required by all committees					
Same as on file					
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name Account Number				
Candidate Supported or Opposed (candidate committees mus	t include self, if candidate)				
Self	()				
Name & Malling Address, City, State & Zip of Candidate OP/07/2012 St. Dop. Digt. 20	Telephone Number (Candidate Committees Only)				
08/07/2012 St. Rep Dist 30 Election Date Office Sought & Political Subdivision	Repub. Political Party Support or Oppose				
Ballot Measure Supported or Opposed (campaign committees	must complete this section)				
Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose				
Signature(s) Check certification(s) & sign (required by all con	omittees)				
 I/We certify that this statement is complete, true and accurat □ e-Filers: This committee is required by law to file with the Mi 	.e. EC and will file all future campaign finance reports using the				
MEC's electronic filing system.	A Amile				
Well Halland	EC and will file all future campaign finance reports using the Medical Committees (Candidate Committees (Chip)) The Candidate (Candidate Committees (Chip))				
Committee Treasurer	Candidate (Candidate Committees Only)				

MO 300-1308 Packet (Rev. 09/2011) Form must be completed in full & contain original signature(s), fax filings are not accepted. Page 1 of 3