

## Missouri Ethics Commission (MEC)

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

Office Use:	MB	SL
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## **Statement of Committee Organization**

1.	Statement Information  Date: 6/6/2012	
	Type: New Amended (if amending, enter MEC ID C091	080 & section changed 5
2.	Committee Information	
٠.,	Missourians for Mike Cierpiot	
	Name of Committee	200 5147
	214 NE Landings Circle	(816) 289-5117
	Committee Mailing Address, City, State, & Zip	Telephone Number
		Jackson County Election Board
	Official Committee Email Address	County Clerk or Board of Election Commissioners
	Committee Type: Campaign Candidate Debt Service	Exploratory Political Action (PAC) Political Party
3.	Treasurer/Deputy Treasurer Information	
	Same as on File	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)
	_	( )
	Treasurer's Mailing address City States & Tip	Treasurer's Home Telephone Number Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointee)	
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)
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	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	
	Same as on File	
	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
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on back)
5.	Official Bank Account Information (required by all committees)	
	Name & Mailing Address, City, State, & Zip of Financial Instit	Account Name Account Number
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6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)
	Same as on File	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)
	Election Date Office Sought & Political Subdivision	Political Party Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)
	Same as on File	
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commi	ttees)
	☑ I/We certify that this statement is complete, true and accurate.	
	☐ e-Filers: This committee is required by law to file with the MEC a	and will file all future campaign finange reports using the
	MEC's electronic filing system	1 1 - 4
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(	Committee Treasurer	Candidate (Candidate Committees Only)