

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

Office **OET 0 5 2017.**

Statement of Committee Organization

1.	Statement Information		
	Date: 10-1-2017	in the second se	<u> </u>
	Type: ☐ New ☐ Amended (if amending, enter MEC ID	<u>99/080 </u>	hanged)
2.	Committee Information		
	MISSOURIANS FOR MIKE CIE	ERPIOT	
	MISSOURIANS FOR MIKE CIE Name of Committee 244 NE LAN VINGS CIR Committee Mailing Address, City, State, & Zip		(<u>8/6</u>) <u>289</u> – 5//7 Telephone Number
		County Clerk or Board of Election Commiss	
Committee Type: Campaign Candidate Continuing (PAC) Debt Ser			oloratory Political Party
3.	Treasurer/Deputy Treasurer Information		-
	Treasurer's Name (First & Last)		
	Treasurer's Mailing Address, City, State, & Zip Lee's Su wanter &	10 Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	I)
		()	()
	Doputy Treasurer's Meiling Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4. Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Addisingst Completes Officer's Mailing Ad	de cin sur auto de l'inh
	Additional committee officer's Name & Title (if any)	Additional Completee Officer Shalling Ad	ment
	Connected Organization's Name (If any)	Connected Organization's Malling Address,	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committe		back) 🗆 No
5.	Official Bank Account Information (required by all committees	5)	
			,
	·		William Programme
	Candidate committees mus	t include sen, ir candidate, —	(
	SAME Name & Mailing Address, City, State & Zip of Candidate	()	()
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all con	e(s) Check certification(s) & sign (required by all committees)	
I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accomplete are complete.			
further acknowledge that I am aware that any false statement or declaration made herein is pur		nishable/under Ch. 575 RSMo.	
-	Stantaker	Mike Verf	rol