Missouri Ethics Commission

Office Use: JAN 0 5 2018

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

Statement of Committee Organization

1. Statement Information

Date: 1-1-18

Type: ☐ New ☑ Amended (if amending, enter MEC ID C091080 & section changed _____)

2. Committee Information

MISSOURIANS FOR MIKE CIERPIOT
Name of Committee

214 N.E. LANDINGS CIR LEES SUMMIT MO 64064 (816) 289 5117
Committee Mailing Address, City, State, & Zip / Telephone Number

Committee Email Address / County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☑ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) / Treasurer's Email Address (optional)

SAME
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

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) / Additional Committee Officer's Mailing Address, City, State, & Zip

Amendment

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) ☐ No

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

SAME
Name & Mailing Address, City, State, & Zip of Financial Institution / Account Name / Account Number

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

SAME
Name & Mailing Address, City, State, & Zip of Candidate / Telephone Number (Candidate Committees Only)

Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose
8-7-18	SEN 8	R	Support

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 committees)

☐ 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.

James A. Laden
Committee Treasurer

Mike Cierpiot
Candidate (Candidate Committees Only)

Form must be completed in full & contain original signature(s), fax filings are not accepted.