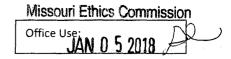


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1. Statement Information			
	Date: 1-1-18		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID	9/080 & section ch	nanged)
2.	Committee Information		
	MISSOURIANS FOR MIKE CIERDIO, Name of Committee	t.	
	Name of Committee  2/4 N'E LANDINGS CIR L.S.  Committee Mailing Address, City, State, & Zip	Mo 64064	(8/6)289 5/17
	Committee Mailing Address, City, State, & Zip		Telephone Number
	al Committee Email Address	County Clerk or Board of Election Commission	oners
	Committee Type: ☐ Campaign ☑ Candidate ☐ Continuing (P	PAC) 🗆 Debt Service 🗀 Expl	loratory 🗆 Political Party
3.	Treasurer/Deputy Treasurer Information		A Comment of the Comm
	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 Add	ress, City, State, & Zip
	Connected Organization's Name (if any)	Conflected 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
û.	Candidate Supported of Opposed transfer and interesting	include self_if_candidate)	
	SAM 6	()	()
	Name & Malling Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	C CC. A
	Election Date Office Sought & Political Subdivision	Political Party	Support or Ppppse
7.	allot Measure Supported or Opposed (campaign committees must complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
			закроп от оррозе
Signature(s) Check certification(s) & sign (required by all committees)			
	☐ I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or d		
	A do a	701 h. A.	1
-	Committée Treasurer	Candidate (Candidate Committees Only)	(Les)
			and the second s