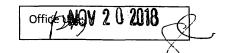


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1.	Statement Information		
	Date: //-/6-/8		
	Type: New Amended (if amending, enter MEC ID $\underline{C091080}$ & section changed $\underline{3+6}$		
2.	Committee Information		
	MISSOURIANS FOR MIKE CIER Name of Committee  214 NE LANDINGS CIR, L-S.  Committee Mailing Address, City, State, & Zip	piot	
	214 NF LONDING CIE 15	Ma LANG	18/1289-5/17
	Committee Mailing Address, City, State, & Zip	0,000	Telephone Number
		County Clerk or Board of Election Commission	2007
	Committee Type: Campaign Candidate Continuing (P	<u> </u>	
3.	Treasurer/Deputy Treasurer Information		
э.	1 0 / /		
	Treasurer's Name (First & Last)	Treasurer's citiali Address (optional)	
	214 NE LANDINGS CIR LS. Mo 64069 Treasurer's Mailing Address, City, State, & Zip	(816) 289-5115	()
	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)	
	NA	()	()
	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
	Additional Committee Officer's Name & Title (If any)		
	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)		·
	State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must	Account Name	
Ο.		/ \	A
	MIKE CIERFICE  Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	8-1-2022 Sens Service & Deliver & De	Reput	Surport
_	Cince Sought & Folicidal Subdivision	Fontical Party	Support of Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
I affirm and attest under penalty of perjury that information and facts in this report are complete, true,			lete, true, and accurate. I
	ther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Comie J. Ciensiot	Wike Cinne	t
	Committee Treasurer	Candidate (Candidate Committees Only)	