Missouri Ethics Commission

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

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Statement of Committee Organization

1. Statement Information

Date: 11-16-18

Type: ☐ New ☑ Amended (if amending, enter MEC ID C091080 & section changed 3 & 6)

2. Committee Information

MISSOURIANS FOR MIKE CIERPIOT
Name of Committee

214 NE LANDINGS CIR, L.S. MO 64064 (816) 289-5117
Committee Mailing Address, City, State, & Zip / Telephone Number

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

CONNIE CIERPIOT
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

214 NE LANDINGS CIR LS MO 64064 (816) 289-5115 ( )
Treasurer's Mailing Address, City, State, & Zip ✓ / Treasurer's Home Telephone Number / Treasurer's Work Telephone Number

NA
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

NA
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)

..., City, State, & Zip of Financial Institution / Account Name / Account Number

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

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

8-2-2022 SEN 8 REPUB SUPPORT
Election Date / Office Sought & Political Subdivision / Political Party / Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

NA
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.

Connie J. Cierpiot
Committee Treasurer

Mike Cierpiot
Candidate (Candidate Committees Only)

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