



Missouri Ethics Commission (MEC)

P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

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Missouri Ethics Commission

Office **OCT 2 12 2019**
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1. Statement Information

Date: 10/15/2019

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

2. Committee Information

Mike Steinmeyer For A Better Independence

Name of Committee

3416 S Crane St
Committee Mailing Address

Independence, MO 64055

(816) 328-4900
Telephone Number

Jackson County Board of Elections

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Michael Steinmeyer

Treasurer's Name (First & Last)

3416 S Crane St Independence, MO 64055

Treasurer's Mailing Address, City, State, & Zip

(816) 328-4900

Phone 1

(816) 209-9383

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Phone 1

Phone 2

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

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)

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

Michael Steinmeyer 3416 S Crane St Independence, MO 64055

Name & Mailing address, City, State, & Zip of Candidate

(816) 328-4900

Phone 1

(816) 209-9383

Phone 2

02/04/2020

Election Date

Dist. 3
Council Person/City of Independence

Office Sought & Political Subdivision

Non-Partisan

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 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.

Michael Steinmeyer
Committee Treasurer

Michael Steinmeyer
Candidate (Candidate Committees Only)

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