



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

Office Use:
 C222286

Statement of Committee Organization

1. Statement Information

Date: 10/26/2022
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens for Joe Nicola
 Name of Committee

601 SW Joseph Cir Grain Valley, MO 64029 (816) 888-3916
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Jackson County Board of Elections
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Renee Nicola [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

601 SW Joseph Cir Grain Valley, MO 64029 (816) 443-2444
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

 Deputy Treasurer's Name (if one appointed) [REDACTED]
 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)

[REDACTED] [REDACTED] [REDACTED]
 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)

Joe Nicola 601 SW Joseph Cir Grain Valley, MO 64029 (816) 260-9459
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/06/2024 State Senator/Missouri Republican
 Election Date Office Sought & Political Subdivision 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)

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.

ELECTRONICALLY FILED Oct 26 2022 01:55 PM ELECTRONICALLY FILED Oct 26 2022 01:55 PM
 Committee Treasurer Candidate (Candidate Committees Only)