



Office Use:  
C222319

# Statement of Committee Organization

## 1. Statement Information

Date: 12/06/2022  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Piper for Missouri  
Name of Committee  


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PO Box 322 Maryville, MO 64468 (636) 399-2046  
Committee Mailing Address, City, State, & Zip Telephone Number  


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[REDACTED] Nodaway County Clerk  
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

<u>Jessica Gracey</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>517 W Torrance Maryville, MO 64468</u> Treasurer's Mailing Address, City, State, & Zip	<u>(636) 399-2046</u> Phone 1 <span style="float:right">Phone 2</span>
<u>/</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>/</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>/</u> Phone 1 <span style="float:right">Phone 2</span>

## 4. Additional Committee Information

<u>/</u> Additional Committee Officer's Name & Title (if any)	<u>/</u> Additional Committee Officer's Mailing Address, City, State, & Zip
<u>/</u> Connected Organization's Name (if any)	<u>/</u> 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)

<u>[REDACTED]</u> Name & Mailing Address, City, State, & Zip of Financial Institution	<u>[REDACTED]</u> Account Name	<u>[REDACTED]</u> Account Number
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## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

<u>Jessica Piper PO Box 322 Maryville, MO 64468</u> Name & Mailing address, City, State, & Zip of Candidate	<u>(816) 804-5886</u> Phone 1 <span style="float:right">Phone 2</span>
<u>08/06/2024</u> Election Date	<u>Democrat</u> Political Party
<u>State Representative/Missouri House of Representatives</u> Office Sought & Political Subdivision	<u>/</u> Support or Oppose

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

<u>/</u> Name of Ballot Measure	<u>/</u> Election Date & Political Subdivision	<u>/</u> Support or Oppose
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## 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.

<u>ELECTRONICALLY FILED Dec 6 2022 01:08 PM</u> Committee Treasurer	<u>ELECTRONICALLY FILED Dec 6 2022 01:08 PM</u> Candidate (Candidate Committees Only)
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