



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # **C 071151**

OFFICE USE ONLY
[Handwritten initials] **17**

STATEMENT DATE 3-23-09		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Committee To Elect Mike Leara					
4. COMMITTEE MAILING ADDRESS ADDRESS: 10805 Sunset Office Drive, Suite 212 CITY/STATE/ZIP: St. Louis, MO 63127-1028				5. TELEPHONE NUMBER 314-965-1500	
6. TREASURER'S NAME L.K. Wood III					
7. TREASURER'S MAILING ADDRESS ADDRESS: 10805 Sunset Office Drive, Suite 212 CITY/STATE/ZIP: St. Louis, MO 63127-1026				8. TELEPHONE NUMBER HOME: 314-843-5899 WORK: 314-351-4444	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Bank Of America 10230 Watson Rd. St. Louis, MO 63127		B. ACCOUNT NAME Committee to Elect Mike Leara		C. CHECKING NO. [REDACTED]	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Mike Leara		B. ADDRESS 1022 Gregory Court, St. Louis, MO		C. TELEPHONE NO. 314-729-7200	D. POLITICAL PARTY Republican
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Mike Leara		B. ELECTION DATE 08/03/2010	C. OFFICE SOUGHT State Representative	D. POLITICAL SUBDIVISION 95	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>[Signature]</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE ONLY) MISSOURI ETHICS COMMISSION I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. MAR 23 2009 <i>[Signature]</i> HAND DELIVERED CANDIDATE'S SIGNATURE		