



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

CO91053

OFFICE USE ONLY

Mr [Signature]

STATEMENT DATE 2/6/09		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE JOHNSON LIBERTY					
4. COMMITTEE MAILING ADDRESS ADDRESS: PO BOX 1099 CITY/STATE/ZIP: WARREN/BULG MO 64093				5. TELEPHONE NUMBER 660-429-1099	
6. TREASURER'S NAME WILLIAM MUDD					
7. TREASURER'S MAILING ADDRESS ADDRESS: 262 NW US 50 HWY CITY/STATE/ZIP: EMERVIEW MO 64019				8. TELEPHONE NUMBER HOME: 660-747-4174 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER RANDALL LANGKRAEB					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: PO BOX 1099 CITY/STATE/ZIP: WARREN/BULG MO 64093				11. TELEPHONE NUMBER HOME: 660-429-2516 WORK: 660-429-1099	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE RANDALL LANGKRAEB PO BOX 1099 WARREN/BULG MO 64093 PRESIDENT				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 B. ACCOUNT NAME UMB BANK JOHNSON LIBERTY					
15. TYPE OF COMMITTEE: <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE COUNTY ZONING 4/7/09 JOHNSON COUNTY <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. William E Mudd TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE	

MISSOURI ETHICS COMMISSION
FEB 10 2009
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