



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 2010594

OFFICE USE ONLY  
*[Signature]*

STATEMENT DATE <u>12/26/08</u>		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 <u>Citizens for Nieves</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>P.O. Box 93</u> CITY/STATE/ZIP: <u>Union, Mo. 63084</u>				5. TELEPHONE NUMBER <u>636.390.8787</u>	
6. TREASURER'S NAME <u>Keith A. Repp</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>2252 Pine Lake Loop</u> CITY/STATE/ZIP: <u>Gray Summit Mo 63039</u>				8. TELEPHONE NUMBER HOME: <u>636 742 4587</u> WORK: <u>314 249-1156</u>	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>Julie Nieves</u>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>350 Country Club Bluffs</u> CITY/STATE/ZIP: <u>Washington Mo 63090</u>				11. TELEPHONE NUMBER HOME: <u>636 390 8787</u> WORK: <u>314 323 4385</u>	
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 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 C. ACCOUNT #					
15. TYPE OF COMMITTEE <input 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 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 <u>BRIAN NIEVES</u> <u>8-3-10</u> <u>State Senate</u> <u>Dist 26</u> <input checked="" type="checkbox"/> <input type="checkbox"/>					
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 <input type="checkbox"/> <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE AND ACCURATE. <u>Keith A. Repp</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Brian Nieves</u> CANDIDATE'S SIGNATURE		

MISSOURI ETHICS COMMISSION  
FEB 03 2009  
HAND DELIVERED