



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C091095

OFFICE USE ONLY

BB

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STATEMENT DATE <u>7/7/09</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>4,6,7,8</u>	
3. FULL NAME OF COMMITTEE <u>Missourians for Gibbons</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>651 Pearl Avenue</u> CITY / STATE / ZIP: <u>Kirkwood, MO 63122</u>				5. TELEPHONE NUMBER	
6. TREASURER'S NAME <u>Michael Gibbons</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>651 Pearl Avenue</u> CITY / STATE / ZIP: <u>Kirkwood, MO 63122</u>				8. TELEPHONE NUMBER HOME: <u>314-985-2108</u> WORK:	
9. DEPUTY TREASURER'S NAME <input 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 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 NO.					
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 AMENDMENT <input 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, TRUE AND ACCURATE. <u>Michael A. Gibbons</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Michael A. Gibbons</u> CANDIDATE'S SIGNATURE	

MISSOURI ETHICS COMMISSION
JUL 15 2009

**Missourian for Gibbons
651 Pearl Avenue
Kirkwood, MO 63122
Telephone: 314.965.2108**

July 14, 2009



Via Federal Express
Missouri Ethics Commission
3411A Knipp Drive
Jefferson City, MO 65109

Re: Statement of Committee Organization

Dear Sir/Madam:

Enclosed is original and copy of my amended Statement of Committee Organization for filing. Please stamp and return the copy in the envelope provided.

Please do not hesitate to contact me should you have any questions.

Yours truly,

A handwritten signature in cursive script that reads "Michael R. Gibbons".

Michael R. Gibbons

MRG/sje
Enclosures (3)