MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C051183

OFFICE USE ONLY BB

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE)	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
6/30/2009	☐ NEW ☑ AMENDED	3, 15

3. FULL NAME OF COMMITTEE: Friends of Peter Kinder Debt Committee

4. COMMITTEE MAILING ADDRESS
ADDRESS:
CITY / STATE / ZIP :

5. TELEPHONE NUMBER

6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS
ADDRESS:
CITY / STATE / ZIP :

8. TELEPHONE NUMBER
HOME:
WORK:

9. DEPUTY TREASURER'S NAME ☐ 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?
☐ YES ☐ NO ☐ N/A

MISSOURI ETHICS COMMISSION
JUN 30 2009
HAND DELIVERED

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
☐ CANDIDATE ☐ POLITICAL PARTY ☐ CONTINUING ☐ CAMPAIGN ☐ EXPLORATORY ☒ 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	CHECK ONE E. SUPPORT	F. OPPOSE
				☐	☐

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	F. OPPOSE
			☐	☐

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Emily Lee
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Peter Kinder
CANDIDATE'S SIGNATURE