



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO91145

OFFICE USE ONLY
BB *FW*

STATEMENT DATE 6/30/2009		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 Friends of Peter Kinder					
4. COMMITTEE MAILING ADDRESS ADDRESS: P. O. Box 712 CITY / STATE / ZIP: Jefferson City, MO 65102				5. TELEPHONE NUMBER 573-335-1961	
6. TREASURER'S NAME Ernie Lee					
7. TREASURER'S MAILING ADDRESS ADDRESS: 3906 Dublin Avenue CITY / STATE / ZIP: Columbia, MO 65203				8. TELEPHONE NUMBER HOME: 573-445-2388 WORK:	
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 checked="" 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 UMB Bank 300 Dix Road Jefferson City, MO 65109					
		B. ACCOUNT NAME MISSOURI ETHICS COMMISSION		C. ACCOUNT NO.	
JUN 30 2009					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input checked="" type="checkbox"/> HAND-DELIVERED EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Peter Kinder		B. ADDRESS 635 NW End Blvd, Cape Girardeau, MO		C. TELEPHONE NO. 573-335-1961	D. POLITICAL PARTY R
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Peter Kinder		B. ELECTION DATE 8/7/2012	C. OFFICE SOUGHT Statewide	D. POLITICAL SUBDIVISION	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	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE (CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Ernie Lee</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) (CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Peter Kinder</i> CANDIDATE'S SIGNATURE		