



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO91120

OFFICE USE ONLY
BB LT

STATEMENT DATE 5/01/2009		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 14	
3. FULL NAME OF COMMITTEE Citizens of Missouri H.D. 35 To elect JIM BALDWIN as their Rep.					
4. COMMITTEE MAILING ADDRESS ADDRESS: 19021 Hall Rd. CITY / STATE / ZIP: Kearney, MO. 64060				5. TELEPHONE NUMBER 816-264-2933	
6. TREASURER'S NAME Roger W. (Bill) Gerte					
7. TREASURER'S MAILING ADDRESS ADDRESS: 19021 Hall Road CITY / STATE / ZIP: Kearney, MO. 64060				8. TELEPHONE NUMBER HOME: 816-628-7944 WORK: 816-289-6301	
9. DEPUTY TREASURER'S NAME Sandy Baldwin <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 18700 old BB Hwy. CITY / STATE / ZIP: Holt, Missouri 64048				11. TELEPHONE NUMBER HOME: 816-264-2933 WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME: Matthew Hunt B. ADDRESS: 16610 NE 180th Holt, MO. C. TITLE: Campaign Manager				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 816-888-2266 128-690 Kearney, MO 64060 Kearney Commercial Bank 950 W. 92 Hwy. Kearney, MO. 64060					
B. ACCOUNT NAME Citizens of Missouri H.D. 35 To elect JIM BALDWIN as their Rep.					
15. TYPE OF COMMITTEE <input checked="" 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: Jim Baldwin B. ADDRESS: 18700 old BB Hwy. Holt, Missouri 64048 C. TELEPHONE NO.: 816-264-2933 D. PARTY: Democrat					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME: B. ADDRESS:					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S): Jim Baldwin B. ELECTION DATE: 8-2010 C. OFFICE SOUGHT: HD 35 Rep. D. POLITICAL SUBDIVISION: democrats 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: CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		

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