



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # 0091118

OFFICE USE ONLY
BB

STATEMENT DATE May 18, 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 Citizens for Shelly Dreyer					
4. COMMITTEE MAILING ADDRESS ADDRESS: 431 Virginia Ave. CITY / STATE / ZIP: Joplin, Missouri 64801				5. TELEPHONE NUMBER (417)782-3790	
6. TREASURER'S NAME Charles Genisio					
7. TREASURER'S MAILING ADDRESS ADDRESS: 702 S. Pearl Avenue CITY / STATE / ZIP: Joplin, Missouri 64801				8. TELEPHONE NUMBER HOME: (417)623-1020 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Cort VanOstran					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 431 S. Virginia Ave. CITY / STATE / ZIP: Joplin, Missouri 64801				11. TELEPHONE NUMBER HOME: (417)829-4612 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 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 First State Bank 802 Main Street / PO Box 1373 Joplin, Missouri 64802					
B. ACCOUNT NAME Citizens for Shelly Dreyer					
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 Shelly Dreyer		B. ADDRESS 3802 Fawn Trail Joplin, Missouri 64804		C. TELEPHONE NO. (417)553-4262	D. POLITICAL PARTY Republican
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Shelly Dreyer		B. ELECTION DATE Aug. 3, 2010 Nov. 2, 2010	C. OFFICE SOUGHT State Representative	D. POLITICAL SUBDIVISION District 129	E. CHECK ONE SUPPORT <input checked="" type="checkbox"/> 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. CHECK ONE SUPPORT <input type="checkbox"/> 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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MAY 26 2009