



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO71380

OFFICE USE ONLY
8011

STATEMENT DATE 04/09/2009		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6,7,8,15,20	
3. FULL NAME OF COMMITTEE Citizens for Jeff Grisamore					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 800 CITY / STATE / ZIP: Lee's Summit, MO 64063				5. TELEPHONE NUMBER (816) 225-5695	
6. TREASURER'S NAME Jeff Grisamore					
7. TREASURER'S MAILING ADDRESS ADDRESS: 3400 SW Regatta Drive CITY / STATE / ZIP: Lee's Summit, MO 64082				8. TELEPHONE NUMBER HOME: (816) 537-4180 WORK: (816) 225-5695	
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"/> APR 09 2009 <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 UMB Bank 401 NE Rice Road Lee's Summit, MO 64086					
				B. ACCOUNT NAME Citizens for Jeff Grisamore	
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 checked="" type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Jeff Grisamore		B. ADDRESS 3400 SW Regatta Dr., LSMO 64082		C. TELEPHONE NO. (816) 225-5695	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) Jeff Grisamore		B. ELECTION DATE 11/04/2008	C. OFFICE SOUGHT State Representative	D. POLITICAL SUBDIVISION 47th District	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		