



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # 6091201

OFFICE USE ONLY
BDK

STATEMENT DATE 08/20/2009	TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE Egger for Missouri

4. COMMITTEE MAILING ADDRESS ADDRESS: <u>1814 Ashley Drive</u> CITY / STATE / ZIP: <u>Independence, Missouri, 64058</u>	5. TELEPHONE NUMBER <u>(816) 796-3211</u>
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6. TREASURER'S NAME David Egger

7. TREASURER'S MAILING ADDRESS ADDRESS: <u>1814 Ashley Drive</u> CITY / STATE / ZIP: <u>Independence, Missouri, 64058</u>	8. TELEPHONE NUMBER HOME: <u>(816) 796-3211</u> WORK:
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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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 type="checkbox"/> N/A
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>Bank of America</u> <u>17410 E US 24 HWY</u> <u>Independence, MO 64056</u>	B. ACCOUNT NAME <u>Egger For Missouri</u>	C. ACCOUNT NO.
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15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)

A. NAME <u>Diane Egger</u>	B. ADDRESS <u>1814 Ashley Drive Indep., MO 64058</u>	C. TELEPHONE NO. <u>(816)796-3211</u>	D. POLITICAL PARTY <u>Democrat</u>
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17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)

A. NAME	B. ADDRESS
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18. CANDIDATES SUPPORTED OR OPPOSED

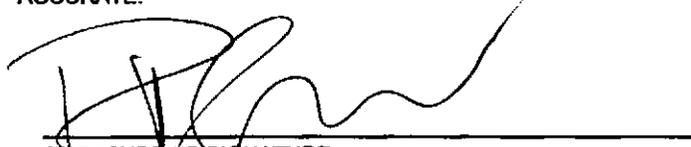
A. NAME(S) OF CANDIDATE(S) <u>Diane Egger</u>	B. ELECTION DATE <u>08/03/10</u>	C. OFFICE SOUGHT <u>State Representative</u>	D. POLITICAL SUBDIVISION <u>53rd District</u>	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
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19. 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"/>	
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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