



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081282

OFFICE USE ONLY

BB *ilc*

STATEMENT DATE September 9, 2009		TYPE OF STATEMENT (CHECK ONE) ☐ NEW ☒ AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 5 & 16d	
3. FULL NAME OF COMMITTEE Citizens for Steven Sieber					
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 1403 CITY / STATE / ZIP: Maryland Heights, MO 63043				5. TELEPHONE NUMBER (314) 542-2416	
6. TREASURER'S NAME					
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP:				8. TELEPHONE NUMBER HOME: WORK:	
9. DEPUTY TREASURER'S NAME ☐ 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? ☐ YES ☐ NO ☐ N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					
AMENDMENT					
15. TYPE OF COMMITTEE ☒ CANDIDATE ☐ POLITICAL PARTY ☐ CONTINUING ☐ CAMPAIGN ☐ EXPLORATORY ☐ DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY Steven Sieber Independent					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION CHECK ONE E. SUPPORT F. OPPOSE ☐ ☐					
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 F. OPPOSE ☐ ☐					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.		MISSOURI ETHICS COMMISSION NOV 03 2009 I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			
 TREASURER'S SIGNATURE		 CANDIDATE'S SIGNATURE			