



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # 0091278

OFFICE USE ONLY

BB 14

STATEMENT DATE November 6, 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 Committee to Elect Nick Marshall				
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 2477 CITY / STATE / ZIP : Platte City, Missouri 64079			5. TELEPHONE NUMBER 816-452-1800	
6. TREASURER'S NAME Amanda M. Marshall				
7. TREASURER'S MAILING ADDRESS ADDRESS: 5520 NW Seminole Drive CITY / STATE / ZIP : Parkville, MO 64152			8. TELEPHONE NUMBER HOME: 816-587-5978 WORK:	
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 NONE			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 B. ACCOUNT NAME C. ACCOUNT NO. Platte Valley Bank Committee to Elect Nick Marshall 2400 Prairie View Road Platte City, Missouri 64079				
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 B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY Nickolas A. Marshall 5520 NW Seminole, Parkville MO 64152 816-452-1800 Republican				
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 E. SUPPORT F. OPPOSE Nickolas A. Marshall August 3, 2010 State Representative District 30 <input checked="" type="checkbox"/> <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. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>				
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Amanda M. Marshall</i> TREASURER'S SIGNATURE			CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Nickolas A. Marshall</i> CANDIDATE'S SIGNATURE	

