



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C101025

OFFICE USE ONLY

4

STATEMENT DATE <u>1-19-2010</u>		1. TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		2. IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>1</u>	
3. FULL NAME OF COMMITTEE <u>Committee To Elect Michael Fletcher</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>2360 E. 12th St. Unit D</u> CITY / STATE / ZIP: <u>Kcmo Missouri 64127</u>			5. TELEPHONE NUMBER <u>(816) 729-3366</u>		
8. TREASURER'S NAME <u>Michael Fletcher</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>2360 E. 12th St. Unit D</u> CITY / STATE / ZIP: <u>Kcmo 64127</u>			8. TELEPHONE NUMBER HOME: WORK: <u>(816) 729-3366</u>		
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER.					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP: <u>N/A</u>			11. TELEPHONE NUMBER HOME: WORK:		
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE <u>N/A</u>			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		
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVINGS & LOAN, OR CREDIT UNION <u>Country Club Bank</u>		B. ACCOUNT NAME <u>Michael Fletcher For 3rd District</u>		C. ACCOUNT NO.	
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 <u>Michael Fletcher</u>		B. ADDRESS <u>Kcmo 2360 E. 12th St. 64127</u>		C. TELEPHONE NO. <u>(816) 729-3366</u>	D. POLITICAL PARTY <u>Dem.</u>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME <u>N/A</u>			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE <u>March, 2011</u>	C. OFFICE SOUGHT <u>City Council Kcmo 3rd Dist.</u>	D. POLITICAL SUBDIVISION <u>Kansas City 3rd dist</u>	E. CHECK ONE SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S) <u>N/A</u>		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	D. CHECK ONE SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>	
20. TREASURER'S STATEMENT (ALL COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> TREASURER'S SIGNATURE			21. CANDIDATE'S STATEMENT (CANDIDATE & EXPLORATORY COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> CANDIDATE'S SIGNATURE		

Missouri Ethics Commission
JAN 26 2010