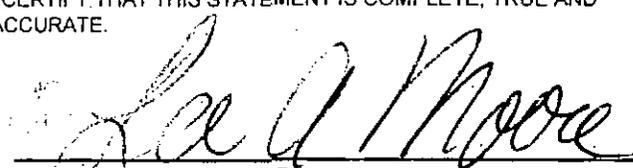
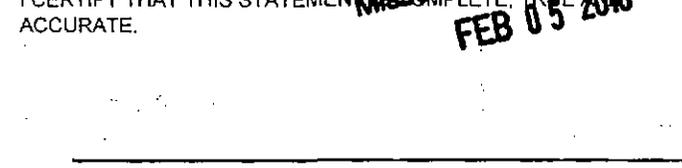




MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C101038

OFFICE USE ONLY TW

STATEMENT DATE 01/28/2010		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 Stop the Nonsense					
4. COMMITTEE MAILING ADDRESS ADDRESS: PO Box 7030 CITY / STATE / ZIP: Kansas City, MO 64113				5. TELEPHONE NUMBER 816-373-3003	
6. TREASURER'S NAME Lee A Moore CPA					
7. TREASURER'S MAILING ADDRESS ADDRESS: 1000 E US Hwy 24 CITY / STATE / ZIP: Independence, MO 64050				8. TELEPHONE NUMBER HOME: 816-523-2760 WORK: 816-373-3003	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER ALEX AYALA					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 710 E 78th St. CITY / STATE / ZIP: KANSAS CITY MO 64131				11. TELEPHONE NUMBER HOME: WORK: 816-323-3003	
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	
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. US Bank Stop the Nonsense KC MO					
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" 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					
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 <input 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.  TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  CANDIDATE'S SIGNATURE	

Missouri Ethics Commission
FEB 05 2010