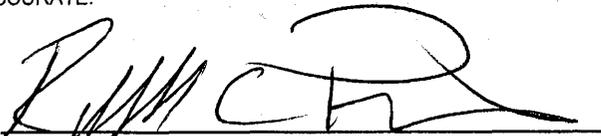
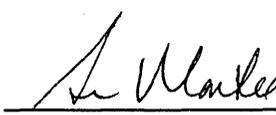




MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C11177 | 6B 22

STATEMENT DATE <u>09/20/2011</u>		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 <u>Montee for Missouri</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>P.O. Box 1536</u> CITY / STATE / ZIP: <u>Jefferson City, MO 65102</u>				5. TELEPHONE NUMBER <u>(573) 635-3955</u>	
6. TREASURER'S NAME <u>Russell Purvis</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>P.O. Box 127</u> CITY / STATE / ZIP: <u>St. Joseph, MO 64502</u>				8. TELEPHONE NUMBER HOME: WORK: <u>816-364-1650</u>	
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 <u>AMENDMENT</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, SAVING & LOAN, OR CREDIT UNION    B. ACCOUNT NAME    C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <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 <u>Susan Montee</u> <u>2715 Kenwood, Jefferson City, MO 65109</u> <u>573-415-4163</u> <u>Democrat</u>					
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 <u>Susan Montee</u> <u>08/07/2012</u> <u>Lieutenant Governor</u> <u>Statewide</u> <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.  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  
SEP 23 2011