



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission
 Office Use:
 NOV 07 2016

Statement of Committee Organization

1. Statement Information

Date: 11/01/2016

Type: New Amended (if amending, enter MEC ID C161367 & section changed _____)

2. Committee Information

Missouri for Miceli

Name of Committee

11023 N Wyandotte St. Kansas City, MO 64155

Committee Mailing Address, City, State, & Zip

(816) 5888691

Telephone Number

Patty Lamb 816-415-8683 / Board of Elections

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Anna Miceli

Treasurer's Name (First & Last)

11023 N Wyandotte St. Kansas City MO 64155

Treasurer's Mailing Address, City, State, & Zip

(816) 674-8571

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

N/A

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

Deputy Treasurer's Mailing Address, City, State, & Zip

4. Additional Committee Information

N/A

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Christopher Miceli 11023 N Wyandotte St. Kansas City, MO 64155

Name & Mailing Address, City, State & Zip of Candidate

(816) 588-8691

Telephone Number (Candidate Committees Only)

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Nov. 3, 2020

Election Date

Missouri Senate 17

Office Sought & Political Subdivision

Republican

Political Party

Support

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

N/A

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Anna Miceli

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)