



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # COS1042

OFFICE USE ONLY

*[Handwritten initials]*

STATEMENT DATE <b>4/6/07</b>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <b>11, 12</b>	
3. FULL NAME OF COMMITTEE <b>Heartland Democrats of America</b>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <b>P.O. Box 22426</b> CITY/STATE/ZIP: <b>Kansas City, Missouri 64113</b>				5. TELEPHONE NUMBER <b>(816) 841-2877</b>	
6. TREASURER'S NAME <b>Phil Glynn</b>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <b>2927 Grand Avenue</b> CITY/STATE/ZIP: <b>Kansas City, Missouri 64108</b>				8. TELEPHONE NUMBER HOME: <b>(816) 204-0733</b> WORK: <b>(816) 268-1283</b>	
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:	
<b>AMENDMENT</b>					
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.	
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. 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
					CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE
					E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <i>[Signature]</i> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <b>MISSOURI ETHICS COMMISSION</b> <b>APR 09 2007</b> CANDIDATE'S SIGNATURE	