

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
Friends of Jamie Metzl

ADDRESS (Home or street) (Check if address is changed) P.O. Box 90100
Kansas City **MO** **64112**
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
mike@jamiemetzl.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.jamiemetzl.com

COMMITTEE'S FAX NUMBER
8163618302

2. DATE **04 / 04 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00390294**

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **David Everson**

Signature of Treasurer Electronically Filed by David Everson Date **04 / 04 / 2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Jamie Metz

Candidate	Office					State	MO
Party Affiliation	Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President		District	05

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 _____ - _____
CITY A STATE A ZIP CODE A

Relationship _____

- Type of Connected Organization:
- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Hillcrest Bank

Mailing Address

5800 East Bannister Road

Kansas City

MO

64134

CITY Δ

STATE Δ

ZIP CODE Δ