



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

Missouri Ethics Commission

Office Use: SEP 24 2020

Statement of Committee Organization

1. Statement Information

Date: 9/14/2020

Type: ☐ New ☒ Amended (if amending, enter MEC ID C000070 & section changed 2, 3, 4)

2. Committee Information

4th Congressional District Democratic Committee

Name of Committee

P.O. Box 316 Raymore, MO 64083

Committee Mailing Address, City, State, & Zip

(816) 806-3669
Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Nicki Goers

Treasurer's Name (First & Last)

26776 Wolf Hollow Rd Edwards, MO 65326

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

(660) 438-2955

Treasurer's Home Telephone Number

()
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

()
Dep. Treasurer's Home Telephone Number

()
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Patricia L. Lear-Johnson, Chair

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

P.O. Box 316 Raymore MO 64083

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)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

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

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

()
Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

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

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.

Committee Treasurer

Candidate (Candidate Committees Only)

MO 300-1308

Packet (Rev. 10/2019)