

Office Use:
OCT 20 2020



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

Statement of Committee Organization

1. Statement Information

Date: 10/13/20

Type: New Amended (if amending, enter MEC ID C000959 & section changed Party address, Party Chairman)

2. Committee Information

MO Libertarian Party

Name of Committee

1569 N Cape Rock Dr

Committee Mailing Address, City, State, & Zip

(573) 225-7187

Telephone Number

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

Sean O'Toole

Treasurer's Name (First & Last)

3425 Gladstone Blvd, KCMO 64123

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

Treasurer's Email Address (optional)

(816) 739-2737

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Greg Tlapek

Deputy Treasurer's Name (if one appointed)

1569 N Cape Rock Dr

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

Deputy Treasurer's Email Address (optional)

(573) 225-7187

Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Bill Slantz, Chairman

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

1620 Congress Way, St. Charles, MO 63303

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)

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

Amendment

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)