



Office Use: OCT 27 2020

Statement of Committee Organization

1. Statement Information

Date: 10-19-2020
 Type: New Amended (if amending, enter MEC ID C151190 & section changed 2)

2. Committee Information

Missouri Alliance PAC
 Name of Committee
3913 NE 56th Terrace Gladstone, MO 64119
 Committee Mailing Address, City, State, & Zip (816) 520-6014
 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

Treasurer's Name (First & Last)	Treasurer's Email Address (optional)
Treasurer's Mailing Address, City, State, & Zip	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

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)

Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
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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
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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.

[Signature]
 Committee Treasurer

 Candidate (Candidate Committees Only)