A161512

Received by email
2/10/21

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Office Use:

1. **Statement Information**

Date: 2/9/21

Type: ☐ New ☒ Amended (if amending, enter MEC ID A161512 & section changed 2, 3, 5, 6)

2. **Committee Information**

Friends of Manny Abarca for Missouri
Name of Committee

1200 NW South Outer Rd. Blue Springs, MO 64015
Committee Mailing Address, City, State, & Zip

(816) 499-1155
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**

Jerry W. Potocnik
Treasurer's Name (First & Last)

1200 NW South Outer Rd Blue Springs MO 64015
Treasurer's Mailing Address, City, State, & Zip

(816) 200-6183
Treasurer's Home Telephone Number

(816) 224-3133
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's E-mail 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**

None
Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

AMENDMENT

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)**

Manny Abarca 438 N. Topping Ave. Kansas City, MO 64123
Name & Mailing Address, City, State & Zip of Candidate

(816) 499-1155
Telephone Number (Candidate Committees Only)

( )

4/6/2021
Election Date

KCMO School Board
Office Sought & Political Subdivision

Democrat
Political Party

Support
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)