Received by email
2/24/21

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: FM

1. **Statement Information**

Date: 02/24/2021

Type: ☐ New ■ Amended (if amending, enter MEC ID C211584 & section changed Sections 2,3,4)

2. **Committee Information**

Missourians for Higher Education
Name of Committee

4050 Pennsylvania Ave, Ste 115, PMB 2481, Kansas City, MO 64111 (232) 866-8229
Telephone Number

Official Committee Email Address

Kansas City Board of Elections
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**

Bill Skaggs
Treasurer's Name (First & Last)

4050 Pennsylvania Ave, Ste 115, PMB 2481, Kansas City, MO 64111
Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(816) 807-6300
Treasurer's Home Telephone Number

( ) Treasurer's Work Telephone Number

George Husted
Deputy Treasurer's Name (if one appointed)

4050 Pennsylvania Ave, Ste 115, PMB 2481, Kansas City, MO 64111
Deputy Treasurer's Mailing Address, City, State, & Zip

(913) 318-4282
Dep. Treasurer's Home Telephone Number

( ) Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**

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

4050 Pennsylvania Ave, Ste 115, PMB 2481, Kansas City, MO 64111
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)**

AMENDMENT

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.

Bill Skaggs
Committee Treasurer

Candidate (Candidate Committees Only)