



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

MO Ethics Commission

Office Use:
MAR 26 2021

Rec'd by email

1. Statement Information

Date: 03/23/2021

Type: ☐ New ☒ Amended (if amending, enter MEC ID C141317 & section changed 3)

2. Committee Information

Lucas for KC

Name of Committee

PO Box 413054, Kansas City, MO 64141

Committee Mailing Address, City, State, & Zip

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

Erin Berger

Treasurer's Name (First & Last)

PO Box 413054, Kansas City, MO 64141

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

Tom Keating

Deputy Treasurer's Name (if one appointed)

PO Box 413054, Kansas City, MO 64141

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

Treasurer's Email Address (optional)

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Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

(816) 719-0805

Dep. Treasurer's Home Telephone Number

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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

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.

Erin Berger

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)