



MAY 04 2021

Statement of Committee Organization

Rec'd by email

1. **Statement Information**

Date: May 4, 2021
 Type: New Amended (if amending, enter MEC ID C141175 & section changed 5 and 6)

2. **Committee Information**

Citizens for Theresa Galvin
 Name of Committee
13450 Murkins Road Kansas City MO 64133
81 215-7557
 Telephone Number
 Mary Jo Spino
 County Clerk, Board of Election Commissioners or Federal PAC/DOT of State Committee
 Email of Committee Email Address
 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 _____ 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 _____ Deputy Treasurer's Home Telephone Number _____ Deputy Treasurer's Work Telephone Number _____

AMENDMENT

4. **Additional Committee Information**

Additional Committee Officer's Name & Title (if any) _____ Address: 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. **Office/ Bank/ Account Information (required by all committees)**

6. **Candidate Supported or Opposed (campaign committees must include staff, if applicable)**

Theresa Galvin 13450 Murkins Rd KCMO 64133
81 215-7557 _____
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
August 2, 2022 _____
 Election Date Office sought & Political Subdivision Political Party Support or Oppose
Republican Support

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.

[Signature] _____ Theresa Galvin _____
 Committee Treasurer Candidate / Candidate Committee Clerk