

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

MAY 245 2021

HAND DELIVERED

Statement Information Date: 2021-05-21	ALAN AND AND AND AND AND AND AND AND AND A		
Type: New 🔊 A	Amended (if amending, enter MEC ID $C16$	1140 & section cl	hanged }
<u>Committee informat</u>			
CITIZENSFOR	DAN STACY		
Name of Committee			·
	st Dr. Blue Springs, MO 64015		(<u>816</u>)820-8092
Committee Mailing Address City	State 0.70	Jackson County Floo	Telephone Number
Ometar contamage cittal Appros	\$	Jackson County Elec	iners, or Federal PAC/Out of State Committee
Committee Type:	l Campaign 🔳 Candidate 🔲 Continuing (,	
Treasurer/Depoyet			10000000000000000000000000000000000000
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)	
		()	()
Treasurer's Mailing Address, City	AMENDI	Travers's one Telephone Number	Freasurer's Work Telephone Number
Deputy Treasurer's Name (if one	appointed)	Deputy Treasurer's Email Address (options	ni)
		1	1
Deputy Treasurer's Mailing Addr	ress, City, State, & Zip	Dep. Treasurer's Home Telephone Numbe	Dep. Treasurer's Work Telephone Number
/Viditional/Conumiti	2e information	 	2 ,
			<u> </u>
Additional Committee Officer's N	Name & Tirle (if any)	Additional Committee Officer's Mailing Ad	dress, City, State, & Zip
Connected Organization's Name	(if any)	Connected Organization's Mailing Address	s, City, State, & Zip
	u have more than one candidate committee		n back) 🔲 No
Official Bank Accour	reintormation (required by all committees)	
•			•
Name & Mailing Address, City, S	itate, & Zip of Financial Institution	Account Name	Account Number
	d on Opposed (candidate committees mus	t include self, if candidate)	34 1
	5 SW Hillcrest Dr, Blue Springs	(816)820-8092	_ ()
Name & Mailing Address, City, S		Telephone Number (Candidate Committe	<u></u>
08/02/2022 Election Date	State Representative	Republican Political Party	Support or Coppose
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
liallot Measure Sup	poited of Opposed (campaign committees	must complete this section)	
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
Signature(s)=(check	(certification(s) & sign (required by all con	nmittees)	
I affirm and attest	under penalty of perjury that information a	and facts in this report are com	plete, true, and accurate. I
further acknowledge	that I am aware that any false statement o	r declaration made herein is po	unishable under Ch. 575 RSMo.
line.	Star 1-	Da_ S	54
Committee Freshure:		Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 1/2021)