

C211778

Missouri Ethics Commission



# 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:  
DEC 29 2021

### 1. Statement Information

Date: 12/17/2021

Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

### 2. Committee Information

Missouri Federation for Children PAC

Name of Committee

7509 NW Tiffany Springs Parkway, Ste. 300, Kansas City, MO 64153

(816) 584-9393

Telephone Number

Platte County Board of Election Commissioners

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Official Committee Email Address \_\_\_\_\_

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

### 3. Treasurer/Deputy Treasurer Information

James C. Thomas III

Treasurer's Name (First & Last)

7509 NW Tiffany Springs Parkway, Ste. 300, Kansas City, MO 64153

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

Treasurer's Email Address (optional) \_\_\_\_\_

( )

Treasurer's Home Telephone Number

(816) 584-9393

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed) \_\_\_\_\_

Deputy Treasurer's Email Address (optional) \_\_\_\_\_

( )

Dep. Treasurer's Home Telephone Number

( )

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)

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.

Committee Treasurer \_\_\_\_\_

Candidate (Candidate Committees Only) \_\_\_\_\_