C201348

DUR! PA	Missouri Ethics Commission	n (MEC)	Missouri Ethics Commissic	
S A C S	PO Box 1370, Jefferson City MO 65102, Fax:		gov AN Land	
Co _{4/MISS} 10 ⁺	Statement of Committee	e Organization	2022	
L Statement Date: 1/4/2	Information			
	lew 🛛 🗟 Amended (if amending, enter MEC ID	C201348 & section	changed <u>6</u>)	
	e Information			
Citizen	s to Elect Michael Todd			
	V Gateway Court/Grain Valley,	MO 64029	(⁸¹⁶)719-9436	
Committee Mailir	ng Address, City, State, & Zip	Jackson County	Election Board	
Official of			sioners, or Federal PAC/Out of State Committee	
	Type: 🗌 Campaign 🔳 Candidate 🔲 Contir		cpioratory D Political Party	
J. Treasurer/	Deputy Treasurer Information			
Treasurer's Name	e (First & Last)	Treasurer's Email Address (optional)		
Treasurer's Mailin	ng Address, City, State, & Zip	OCTORE TO THE SUMME TELEPHONE NUMBER	() Treasurer's Work Telephone Number	
Deputy Treasurer	's Name (if one appointed)	Deputy Treasurer's Email Address (optio	nai)	
Deputy Treasurer	's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	Dep. Treasurer's Work Telephone Number	
Additional	Committee Information			
Additional Comm	ittee Officer's Name & Title (if any)	Additional Committee Officer's Mailing A	Address, City, State, & Zip	
Connected Organ	nnected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip		ss, City, State, & Zip	
CANDIDATE	S: Do you have more than one candidate com	mittee? 🛛 Yes (refer to instructions o	tee? 🔲 Yes (refer to instructions on back) 🔲 No	
Official Bar	nk Account Information (required by all comm	ittees)	•••	
Name & Mailing A	Address, City, State, & Zip of Financial institution	Account Name	Account Number	
Candidate	Supported or Opposed (candidate committees	must include self, if candidate)		
	d/635 SW Gateway Court/Grain Valley, MO 64029	<u>(816)</u> 719-9436	()	
Name & Mailing A	Address, City, State & Zip of Candidate 2 Mayor/Grain Valley	Telephone Number (Candidate Committy	ees Only) Support	
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
7. Ballot Mea	sure Supported or Opposed (campaign commi	ttees must complete this section)		
Name of Ballot Me	easure	Election Date & Political Subdivision	Support or Oppose	
. Signature(s) - Check certification(s) & sign (required by a	ll committees)		
	nd attest under penalty of perjury that informanowledge that have aware that any false statem	•		
10	ha lodd			
Committee Treasu	urei	Candidate (Candidate Commíttees Only)	Page 1 c	