



MISSOURI ETHICS COMMISSION

Missouri Ethics Commission (MEC)

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

Office Use:

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 1/18/2021

Type: ☐ New ☒ Amended (if amending, enter MEC ID C171282 & section changed 2, 6)

2. Committee Information

Washington For Senate 9

Name of Committee

PO Box 270152

Committee Mailing Address, City, State, & Zip

(816) 809-4867

Telephone Number

Kansas City & Jackson County

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

Sharon Hayes

Treasurer's Name (First & Last)

5317 Kentucky Ave

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

Treasurer's Email Address (optional)

(816) 356-6202

Treasurer's Home Telephone Number

(816) 418-8907

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Amendment

Deputy Treasurer's Email Address (optional)

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

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Barbara Anne Washington

Name & Mailing Address, City, State, & Zip of Candidate

08/06/2024

Election Date

State Senator District 9

Office Sought & Political Subdivision

(816) 645-9199

Telephone Number (Candidate Committees Only)

Democrat

Political Party

()

support

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)