C190832

Office Use: Ethics Commission
FEB 28 2022

Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

1. **Statement Information**

Date: 2-28-22

Type: ☐ New ■ Amended (if amending, enter MEC ID C190832 & section changed 2, 3, 6)

2. **Committee Information**

Name of Committee

PO Box 34413 North Kansas City, MO 64116 — (816) 786-6887

Committee Mailing Address, City, State, & Zip — Telephone Number

Official Committee Email Address — 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**

Leilani Holaday

Treasurer's Name (First & Last) — Treasurer's Email Address (optional)

6235 N Mercier St Kansas City, MO 64118 — (816) 813-3880 — ( )

Treasurer's Mailing Address, City, State, & Zip — Treasurer's Home Telephone Number — Treasurer's Work Telephone Number

None — Deputy Treasurer's Name (if one appointed) — Deputy Treasurer's Email Address (optional)

None — ( ) — ( )

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: Amendment

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)**

Name & Mailing Address, City, State, & Zip of Financial Institution — Account Name — 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) — ( )

8-2-2022 — Election Date

State Representative - District 18 — 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.

Leilani Holaday — Committee Treasurer

Candidate (Candidate Committees Only)