C000070

MO Ethics Commission
Office Use:
MAR 10 2022
Rec'd by email

Missou Ethics Commission (MEC)

PO Box 137(Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Staten ent of Committee Organization

1. **Statement Information**

Date: 3/9/2022

Type: ☐ New ■ Ame ded (if amending, enter MEC ID C000070 & section changed 3)

2. **Committee Information**

4th Congressior l District Democratic Committee
Name of Committee

P.O. Box 316, F aymore, MO 64083 (816)806-3669
Committee Mailing Address, City, Stat & Zip — Telephone Number

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

Committee Type: ☐ C: npaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. **Treasurer/Deputy Tre: rer Information**

Jacqueline Farı
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

32513 Hwy. MI , Warsaw, MO 65355 (660)723-5435 (___)
Treasurer's Mailing Address, City, S: , & Zip — Treasurer's Home Telephone Number — Treasurer's Work Telephone Number

John Parks
Deputy Treasurer's Name (if one ap inted)

34200 Hwy. M Edwards, MO 65326 (816)682-7020 (___)
Deputy Treasurer's Mailing Addres City, State, & Zip — Dep. Treasurer's Home Telephone Number — Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**

Additional Committee Officer's N: e & Title (if any) — Additional Committee Officer's Mailing Address, City, State, & Zip

Amendment

Connected Organization's Name iny) — Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you ıave more than one candidate committee? ☐ Yes (refer to instructions on back) ☐ No

5. **Official Bank Accoun Information (required by all committees)**

Name & Mailing Address, City, S e, & Zip of Financial Institution — Account Name — Account Number

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

Name & Mailing Address, City, te & Zip of Candidate — Telephone Number (Candidate Committees Only) (___) (___)

Election Date — Office Sought & Political Subdivision — Political Party — Support or Oppose

7. **Ballot Measure Su orted or Opposed (campaign committees must complete this section)**

Name of Ballot Measure — Election Date & Political Subdivision — Support or Oppose

8. **Signature(s) — Che certification(s) & sign (required by all committees)**

■ I affirm and atte under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowled , that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer — Candidate (Candidate Committees Only)