C000833

Missouri Ethics Commission

MAR 24 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: 3/23/2022

Type: ☐ New   ☒ Amended (if amending, enter MEC ID __C000833__ & section changed __3 and 5__)

2. Committee Information

_____
Name of Committee

_____   (__)_____
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

Joanne M. Collins
Treasurer's Name (First & Last)

911 Main St.,No. 904, Kansas City, Missouri 64105
Treasurer's Mailing Address, City, State, & Zip

_____
Treasurer's Email Address (optional)

(816) 506-5488.   (__) NA - Retired
Treasurer's Home Telephone Number   Treasurer's Work Telephone Number

_____
Deputy Treasurer's Name (if one appointed)

_____
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

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)

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.

X _Joanne M. Collins_   _____
Committee Treasurer   Candidate (Candidate Committees Only)

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