

C180724



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

MO Ethics Commission
Office Use:

OCT 20 2022

Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: October 20, 2022
Type: New Amended (if amending, enter MEC ID C180724 & section changed 2)

2. Committee Information

Northland Strong PAC
Name of Committee
700 NE 93rd Street (816) 536-7905
Committee Mailing Address, City, State, & Zip Telephone Number
Clay County Board of Election Commissioners
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Official Committee Email Address
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Edward F. Ford III
Treasurer's Name (First & Last)
700 NE 93rd Street
Treasurer's Mailing Address, City, State, & Zip
Kansas City, MO 64155
Treasurer's Email Address (optional)
(816) 255-2139 (816) 536-7905
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Email Address (optional)
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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.

Edward F. Ford III
Committee Treasurer

Candidate (Candidate Committees Only)