

C 222316

MO Ethics Commission



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

Office Use: DEC 5, 2022
Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 11/23/2022
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Grace Cabrera for Missouri
Name of Committee
135 Spruce Ave Kansas City, Missouri 64123 (816) 200-1184
Committee Mailing Address, City, State, & Zip Telephone Number

Kansas City Board of Elections
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

Naomi De La Cruz
Treasurer's Name (First & Last)
1005 Askew Ave. Kansas City, Mo 64127
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional) (816) 824-0321
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
Deputy Treasurer's Email Address (optional)
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. Candidates Supported or Opposed (Candidate committees must include self if candidate)

Grace Cabrera 135 Spruce Ave KCMO 64123 (816) 200-1184
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
04-04-2023 City Council Self
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

6. Ballot Measure Supported or Opposed (Campaign committees must complete this section)

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

7. Signatures - Check certification & 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.

Naomi De La Cruz [Signature]
Committee Treasurer Candidate (Candidate Committees Only)