



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

Missouri Ethics Commission

Office Use:

DEC 08 2022

Received by Fax

C222323

1. Statement Information

Date: 12/5/22

Type: ☒ New ☐ Amended (If amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Committee TO ELECT Byron Craddolph for city council District 2

Name of Committee

P.O. BOX 1092 Blue Springs MO 64013

Committee Mailing Address, City, State, & Zip

(816) 312-9592

Telephone Number

Official _____

Jackson County

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

Byron Craddolph

Treasurer's Name (First & Last)

P.O. BOX 1092 Blue Springs MO 64013

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(816) 312-9592

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

Connected Organization's Mailing Address, City, State, & Zip

☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

Account Number

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

Byron Craddolph P.O. BOX 1092 Blue Springs MO 64013 (816) 312-9592

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

APRIL 4, 2023

Election Date

Blue Springs City Council

Office Sought & Political Subdivision

NON-partisan

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.

Byron Craddolph

Committee Treasurer

Byron Craddolph

Candidate (Candidate Committees Only)