



C180724

JAN 23 2023

Statement of Committee Organization

1. Statement Information

Date: 01/18/2023
 Type: New Amended (if amending, enter MEC ID C180724 & section changed 3, 4 and 5)

2. Committee Information

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

3. Treasurer/Deputy Treasurer Information

Morgan Chaves
Treasurer's Name (First & Last)
12200 N Ambassador Dr, suite 100, Kansas City, MO 64163
Treasurer's Mailing Address, City, State, & Zip (214) 704-3025
Treasurer's Home Telephone Number (816) 705-7070
Treasurer's Work Telephone Number
Edward F. Ford III
Deputy Treasurer's Name (if one appointed)
700 NE 93rd Street, Kansas City, MO 64155
Deputy Treasurer's Mailing Address, City, State, & Zip (816) 536-7905
Dep. Treasurer's Home Telephone Number ()
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Richard Chaves
Additional Committee Officer's Name & Title (if any) 12200 N. Ambassador Dr. Suite 100 Kansas City, MO 64163
Additional Committee Officer's Mailing Address, City, State, & Zip
Amendment
Connected Organization's Name (if any) Amendment
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)

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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.
Morgan Chaves
Committee Treasurer
Candidate (Candidate Committees Only)

X