

C161160



Missouri Ethics Commission (MEC)

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

JUL 10 2023 Office Use

Statement of Committee Organization

1. Statement Information

Date: JULY 7, 2023
Type: [] New [X] Amended (if amending, enter MEC ID C161160 & section changed 6)

2. Committee Information

Name of Committee: FRIENDS OF RICHARD BROWN
Committee Mailing Address, City, State, & Zip: PO BOX 300821 KANSAS CITY, MO 64130
Telephone Number: (816) 535-1030

Official Committee Email Address
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [] Campaign [X] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): DONNA CAMPBELL BRICE
Treasurer's Mailing Address, City, State, & Zip: 12501 BELMEADE AVE GRANDVIEW, MO 64030
Deputy Treasurer's Name (if one appointed): RICHARD BROWN
Deputy Treasurer's Mailing Address, City, State, & Zip: PO BOX 300821 KCMO 64130

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. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution
Account Name
Account Number

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

RICHARD BROWN PO BOX 300821 KCMO 64130 (816) 535-1030
Election Date: AUG 6, 2024
Office Sought & Political Subdivision: LIEUTENANT GOVERNOR
Political Party: DEMOCRAT
Support or Oppose: SUPPORT

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)

[X] 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.
Committee Treasurer: Donna Campbell Brice
Candidate (Candidate Committees Only): [Signature]