



Missouri Ethics Commission (MEC) **C141128**  
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4500, helpdesk@mec.mo.gov

Missouri Ethics Commission

Office Use:  
**JUL 28 2023**  
 Rec'd by email

**Statement of Committee Organization**

1. **Statement Information**  
 Date: 07-17-2023

Type:  New  Amended (If amending, enter MEC ID C141128 & section changed 2 & 3)

2. **Committee Information**  
 Name of Committee: Citizens for Frank White  
 Committee Mailing Address, City, State, & Zip: 701 Berkley Pkwy #2325 KC, MO 64120  
 Telephone Number: (816) 529-1529

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

3. **Treasurer/Deputy Treasurer Information**  
 Treasurer's Name (First & Last): Rechele White  
 Treasurer's Mailing Address, City, State, & Zip: 701 Berkley Pkwy #2325 KC, MO 64120  
 Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Home Telephone Number: 816-529-1529  
 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: \_\_\_\_\_

**Amendment**

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)**  
 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.

Rechele White  
 Committee Treasurer

Frank White  
 Candidate (Candidate Committees Only)