

C232574



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

MO Ethics Commission
Office Use:

SEP 29 2023

Rec'd by email

1. Statement Information

Date: 09/29/2023

Type: ☒ New ☐ Amended (if amending, enter MEC ID C232574 & section changed _____)

2. Committee Information

JAMISON FOR MISSOURI

Name of Committee

PO BOX 10783, GLADSTONE, MISSOURI 64188

Committee Mailing Address, City, State, & Zip

(816) 838-6264

Telephone Number

CLAY COUNTY BOARD OF ELECTION COMMISSIONERS

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Official Committee Email Address

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

KEVIN JAMISON

Treasurer's Name (First & Last)

2614 NE 56TH TERR, GLADSTONE, MISSOURI 64118

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

Treasurer's Email Address (optional)

(816) 455-2669

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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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. Official Bank Account Information (required by all committees)

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

KENNETH JAMISON, 613 NE 66TH TERR, GLADSTONE, MISSOURI 64118

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

08/06/2024

Election Date

STATE REPRESENTATIVE - DISTRICT 15

Office Sought & Political Subdivision

(816) 838-6264

Telephone Number (Candidate Committees Only)

DEMOCRAT

Political Party

()

SUPPORT

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.

Committee Treasurer

Candidate (Candidate Committees Only)