Missouri Ethics Commission (MEC) C221799

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

Statement of Committee Organization

Missouri Ethics Commission
Office Use:
OCT 30 2023

1. **Statement Information**

Date: 10/17/2023 C221799

Type: ☐ New ☒ Amended (if amending, enter MEC ID C221719 & section changed 6)

2. **Committee Information**

Committee to Elect Crispin Rea

Name of Committee

PO Box 411641 Kansas City, MO 64141 (816) 423-3943

Committee Mailing Address, City, State, & Zip | Telephone Number

Official Committee Email Address | 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**

Emma Rea

Treasurer's Name (First & Last) | Treasurer's Email Address (optional)

PO Box 411641 ( ) (417) 527-2259

Treasurer's Mailing Address, City, State, & Zip | 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 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)**

N

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

Crispin Rea PO Box 411641 Kansas City, MO 64141 (816) 423-3943 ( )

Name & Mailing Address, City, State & Zip of Candidate | Telephone Number (Candidate Committees Only)

04/07/2027 | Kansas City Council 4th District At-Large | Non-Partisan

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.

Emma Rea

Committee Treasurer | Candidate (Candidate Committees Only)