

C222198



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov
Statement of Committee Organization

Date Used 2024
Rec'd by email

1. Statement Information

Date: 1-9-2024
Type: [] New [x] Amended (If amending, enter MEC ID C222198 & section changed

2-3 - phone number
3 - add deputy treasurer
6 - delete candidate support

2. Committee Information

Truth and Light PAC

Name of Committee
P O BOX 1856, Blue Springs, MO 64013
Committee Mailing Address, City, State, & Zip
(816) 405-5122
Telephone Number

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)
Treasurer's Email Address (optional)
(816) 405-5122
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)
AMY FOX 1432 NE Whitestone Dr. Lee's Summit, MO 64086
Deputy Treasurer's Mailing Address, City, State, & Zip
Deputy Treasurer's Email Address (optional)
(816) 405 5122
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

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)

N/A = NONE
Name & Mailing Address, City, State & Zip of Candidate
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.

Handwritten signature of Committee Treasurer

Candidate (Candidate Committees Only)

X