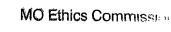
CZ32574



JAN 2 2 2024

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

## **Statement of Committee Organization**

Office Use: Rec'd by email

| 1.                                  | Statement Information   | atement Information  |   |  |
|-------------------------------------|---|--|---|--|
|                                     | Date: January 15, 2024  |  |   |  |
|                                     | Type: ☐ New ☐ Amended (if amending, enter MEC ID C232   | 2574 & section cha   | anged 5B                                  |  |
| 2.                                  |   |  |   |  |
|                                     |   |  |   |  |
|                                     | Committee Mailing Address, City, State, & Zip   |  | ()  |  |
|                                     |   |  | Telephone Number                          |  |
|                                     | Official Committee Email Address  | County Clerk, Board of Election Commissione                        | rs, or Federal PAC/Out of State Committee |  |
|                                     | Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PA   | AC) 🗆 Debt Service 🗀 Explo   | pratory                                   |  |
| 3.                                  | Treasurer/Deputy Treasurer Information  |  |   |  |
|                                     | Treasurer's Name (First & Last)   | Treasurer's Email Address (optional)                               |   |  |
|                                     | Toursed Hellow Address City Comp. 6 7   | ()   |   |  |
|                                     | Treusurer'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)                        | nendment                                  |  |
|                                     | 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)  | Connected Organization's Mailing Address, City, State, & Zip       |   |  |
|                                     | CANDIDATES: Do you have more than one candidate committee?  | Yes (refer to instructions on b                                    | ack) 🗆 No                                 |  |
| 5.                                  | Official Bank Account Information (required by all committees)  |  |   |  |
|                                     |   |  |   |  |
| c                                   | Name & Mailing Address, City, State, & Zip of Financial Institution   | Account Name   | Account Number                            |  |
| 6.                                  | Candidate Supported or Opposed (candidate committees must in KENNETH JAMISON, 3301 NE 70TH PL, GLADSTONE, MISSOURI 84119        | iclude self, if candidate)   |   |  |
|                                     | Name & Mailing Address, City, State & Zip of Candidate  | Telephone Number (Candidate Committees O                           | ()  |  |
|                                     |   | Tourphone Trainaut Jeanwinate Continuedes O                        | 111Y)                                     |  |
|                                     | Election Date Office Sought & Political Subdivision   | Political Party  | Support or Oppose                         |  |
| 7.                                  | Ballot Measure Supported or Opposed (campaign committees must complete this section)  |  |   |  |
|                                     | Numer of De Data and  |  |   |  |
|                                     | Name of Ballot Measure  | Election Date & Political Subdivision                              | Support or Oppose                         |  |
| 8.                                  | ignature(s) — Check certification(s) & sign (required by all committees)  |  |   |  |
|                                     | I affirm and attest under penalty of perjury that information and further acknowledge that I aware that any false statement and | facts in this report are comple                                    | ete, true, and accurate. I                |  |
|                                     | further acknowledge that Laph aware that any false statement or de  | eciaration made nerejn is puni                                     | sname under Ch. 575 RSMo.                 |  |
| P                                   | Committed Transferred   | Kennel Se  | terred                                    |  |
|                                     | Committeed nearoner   | Candidate (Candidate Committees anly)                              |   |  |

MO 300-1308

Packet (Rev. 1/2021)

Page 1 of 3