

A243190



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

MAR 20 2024 Office Use: Rec'd by email

1. Statement Information

Date: 3/20/2024

Type: [] New [X] Amended (if amending, enter MEC ID A243190 & section changed Section 3)

2. Committee Information

The Committee to Keep the Chiefs and Royals in Jackson County

Name of Committee

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

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

One Royal Way, Kansas City, MO 64129 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) 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)

[X] 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.

Whitney Beaver

Committee Treasurer Candidate (Candidate Committees Only)

Handwritten initials