

C221991

MO Ethics Commission

APR 22 2024

Rec'd by email



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8600, www.mec.mo.gov
Statement of Committee Organization

Office Use

1. **Statement Information**
Date: 04/05/2024
Type: ☐ New ☒ Amended (If amending, enter MEC # C221991 & section changed 3)

2. **Committee Information**
Name of Committee: _____
Committee Meeting Address, City, State, & Zip: _____
Official Committee Email Address: _____
Committee Types: ☐ Campaign ☐ Candidate ☐ Continuing PAC ☐ Debt Service ☐ Exploratory ☐ Political Party

3. **Treasurer/Deputy Treasurer Information**
Treasurer's Name (Print & Last): _____
Treasurer's Email Address (Optional): _____
Treasurer's Meeting Address, City, State, & Zip: _____
Debra Blackmore
12209 Walnut Dr Kearney Mo 64060
816.645-3180
816.645-3180

4. **Additional Committee Information**
Additional Committee Officer's Name & Title (If any): _____
Additional Committee Officer's Meeting Address, City, State, & Zip: _____
Connected Organization's Name (If any): _____
Connected Organization's Meeting 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 & Meeting Address, City, State, & Zip of Financial Institution: _____
Account Name: _____
Account Number: _____
Name & Meeting Address, City, State, & Zip of Candidate: _____
Telephone Number (Candidate, Committee Only): _____
Candidate's Office: _____
Office Design & Political Subdivision: _____
Political Party: _____
Support or Oppose: _____

6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**
Name & Meeting Address, City, State, & Zip of Candidate: _____
Telephone Number (Candidate, Committee Only): _____
Candidate's Office: _____
Office Design & 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.

Committee Treasurer

Candidate (If Applicable) / Committee Chair

MEC 300-1208
Packet (Rev. 12/2016)

Form must be completed in full & contain original signature(s), fax filings are not accepted.

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Amendment