Missouri Ethics Commission

\langle	Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660	•	Office Use UG D, 1 2024
	Statement of Committee Orga		
1.	Statement Information Date: 7-26-24		
	Type: 🗃 New 🛛 Amended (if amending, enter MEC ID	& section cl	nanged)
2.	Committee Information Preserve Local Elections		
	Name of Committee 811 Emanuel Cleaver II Blvd., Kansas City, MO	64110	(816)753-2057
	Committee Mailing Address, City, State, & Zip	Kansas City Board o	of Election Commisioner
		County Clerk or Board of Election Commiss	
ว	Committee Type: 🖃 Campaign 🔲 Candidate 🔲 Continuing (PAC) 🗀 Debt Service 🗀 Exploratory 🗔 Political Party Treasurer/Deputy Treasurer Information		
э.	Greg Swartz		
	Treasurer's Name (First & Last) 22 East 147th Street, Kansas City, MO 64145 Treasurer's Malling Address, City, State, & Zip	Treasurer's Email Address (optional) (816) 941-4811 Treasurer's Home Telephone Number	() None 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		
	Rachel MacNair, secretary	811 Emanuel Cleave	er II Blvd., Kansas City,
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	Iress, City, State, & Zip Mo 6411t
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	
5.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees).	□ Yes (refer to instructions on	back) 🗆 No
6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees	()
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	·	Support of Oppose
	Amendment 7	Nov. 5, 2024, Missou	r; Oppose
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	and a set of the second second second	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. Irther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Greg Swartz <u>repetier</u>	Candidate (Candidate Committees Only)	
	300-1308 Form must be completed in full & contain orig ket (Rev. 12/2016)		re not accepted. Page 1 of 3