

C243093

Missouri Ethics Commission



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:
AUG 29 2024

1. Statement Information

Date: 08/21/2024

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

2. Committee Information

Vote "NO" on 3

Name of Committee

7509 NW Tiffany Springs Pkwy., Ste. 300, Kansas City, MO 64153

(816) 584-9393

Committee Mailing Address, City, State, & Zip

Telephone Number

Platte County Board of Election Commissioners

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

Jim Cole

Treasurer's Name (First & Last)

9924 Vasel Drive, St. Louis, MO 63123

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

()

(314) 737-8579

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

James C. Thomas III

Deputy Treasurer's Name (if one appointed)

7509 NW Tiffany Springs Pkwy., Ste 300, Kansas City, MO 64153

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

()

(816) 584-9393

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)

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.

Committee Treasurer Jim Cole

Candidate (Candidate Committees Only)