



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

Missouri Ethics Commission

Office Use:
APR 05 2025

Received by Email

1. Statement Information

Date: 4/5/2025

Type: New Amended (if amending, enter MEC ID C242968 & section changed _____)

2. Committee Information

Pattie Mansur 4 Missouri

Name of Committee

PO Box 8470, Kansas City, MO 64114

Committee Mailing Address, City, State, & Zip

(816) 674-3954

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

Michael Mansur

Treasurer's Name (First & Last)

421 W. 68th Street

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

Laura Loyacono

Deputy Treasurer's Name (if one appointed)

11723 Jefferson, Kansas City 64114

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

Treasurer's Email Address (optional)

(816) 674-3954

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

(816) 665-3823

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

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)

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.

Michael L. Mansur

Committee Treasurer

Pattie Mansur

Candidate (Candidate Committees Only)

X

10/11

10/11

10/11

10/11

