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Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use
MAY 30 2025

Statement of Committee Organization

Received by Email

1. Statement Information

Date: 5/18/2025
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Rebeca Amezcua-Hogan for KC
Name of Committee
PO Box 410380, Kansas City, MO 64141
Committee Mailing Address, City, State, & Zip
(816) 506-1948
Telephone Number
Official Committee Email Address _____
County Clerk or Board of Election Commissioners _____

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Brian Noland
Treasurer's Name (First & Last)
PO Box 410380, Kansas City, MO 64141
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional) _____
(816) 506-1948 (816) 506-1948
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)

Rebeca Amezcua-Hogan, PO Box 410380, Kansas City, MO 64141
Name & Mailing Address, City, State & Zip of Candidate
4/6/2027 City of Kansas City, MO City Council, 4th District 1st District
Election Date Office Sought & Political Subdivision
(816) 506-1948 _____
Telephone Number (Candidate Committees Only)
Non-Partisan Support
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 (Candidate Committees Only)