



# 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:

JUL 21 2025

Received by Email

1. **Statement Information**  
Date: 7/15/2025  
Type: ☐ New ☒ Amended (if amending, enter MEC ID C-221991 & section changed 3 & 6)

2. **Committee Information**  
Name of Committee \_\_\_\_\_  
Committee Mailing Address, City, State, & Zip \_\_\_\_\_ 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**  
Rudi Garcia  
Treasurer's Name (First & Last)  
9301 N Kentucky Ave KCMO 64157  
Treasurer's Mailing Address, City, State, & Zip  
Valsey Anderson  
Deputy Treasurer's Name (if one appointed)  
10504 N Forest Ave KCMO 64155  
Deputy Treasurer's Mailing Address, City, State, & Zip  
Treasurer's Email Address (optional) (816) 726-6762  
Treasurer's Home Telephone Number (816) 726-6762  
Treasurer's Work Telephone Number  
Deputy Treasurer's Email Address (optional) (816) 673-6818  
Dep. Treasurer's Home Telephone Number (816) 673-6818  
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)**  
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)**  
Bill Allen 7430 NE 87th St KCMO 64157  
Name & Mailing Address, City, State & Zip of Candidate (816) 5009206  
8/4/2026 HD-17  
Election Date Office Sought & Political Subdivision  
Republican 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.  
Rudi Garcia  
Committee Treasurer  
Candidate (Candidate Committees Only)