



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

C253532

Missouri Ethics Commission  
 Office Use:  
 JUL 28 2025

**Statement of Committee Organization**

Received by Mail

**1. Statement Information**

Date: 6/19/25  
 Type:  New  Amended (if amending, enter MEC ID C253532 & section changed 3)

**2. Committee Information**

McCandless for Mayor  
 Name of Committee  
PO Box 1512 Independence MO 64055  
(816) 820-8201  
 Telephone Number  
Jackson  
 County Clerk or Board of Election Commissioners  
 Official Committee Email Address  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

John Pritchard  
 Treasurer's Name (First & Last)  
4501 Blue Ridge Cutoff Kansas City MO 64133  
 Treasurer's Mailing Address, City, State, & Zip  
816 213-4652  
 Treasurer's Home Telephone Number  
(816) 358-7100  
 Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed)  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Deputy Treasurer's Home Telephone Number  
 Dep. Treasurer's Work Telephone Number

Amendment

**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)**

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.  
[Signature]  
 Committee Treasurer  
[Signature]  
 Candidate (Candidate Committees Only)