C253486

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: JUL 30 2025 Received by Email

1. Statement Information

Date: 7/28/2025

Type: ☐ New ■ Amended (if amending, enter MEC ID C253486 & section changed Section 3)

2. Committee Information

Moore for Kansas City Amendment
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

Valerie Schroer
Treasurer's Name (First & Last)

valerieschroer@gmail.com
Treasurer's Email Address (optional)

610 E 64th Terr, Kansas City, MO 64131
Treasurer's Mailing Address, City, State, & Zip

(816) 589-8713
Treasurer's Home Telephone Number

( ) Treasurer's Work Telephone Number

Michael Brock
Deputy Treasurer's Name (if one appointed)

modiver57@gmail.com
Deputy Treasurer's Email Address (optional)

610 E 64th Terr, Kansas City, MO 64131
Deputy Treasurer's Mailing Address, City, State, & Zip

(913) 209-9167
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)

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.

Valerie J. Schroer
Committee Treasurer

Jeffrey Moore
Candidate (Candidate Committees Only)