



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # COB1094

OFFICE USE ONLY
ROB ✓

STATEMENT DATE <u>AUGUST 26th 2009</u>		1. TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 2...	
3. FULL NAME OF COMMITTEE <u>COMMITTEE TO ELECT TOM McDONALD, DISTRICT 49</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>11429 E. WINNER RD</u> CITY / STATE / ZIP: <u>INDEPENDENCE, MO 64052</u>				5. TELEPHONE NUMBER <u>816 833-0785</u>	
6. TREASURER'S NAME <u>LAUREN McDONALD</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>11425 E. WINNER RD</u> CITY / STATE / ZIP: <u>INDEPENDENCE, MO 64052</u>				8. TELEPHONE NUMBER HOME: <u>816 833-0785</u> WORK:	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
AMENDMENT					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVINGS & LOAN, OR CREDIT UNION		B. ACCOUNT NAME		C. ACCOUNT NO.	
<u>BLUE RIDGE BANK & TRUST</u> <u>4020 BLUE RIDGE BLD.</u> <u>KANSAS CITY, MO 64133</u>		<u>COMMITTEE TO ELECT</u> <u>TOM McDONALD</u> <u>DISTRICT 49</u>			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>TOM McDONALD</u>		B. ADDRESS <u>11425 E WINNER RD</u> <u>INDEPENDENCE MO</u>		C. TELEPHONE NO. <u>816 833-0785</u>	POLITICAL PARTY <u>DEMOCRAT</u>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
<u>TOM McDONALD</u>		<u>NOV 2010</u>	<u>STATE REP</u> <u>DISTRICT 49</u>		
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE D. SUPPORT <input type="checkbox"/> E. OPPOSE <input type="checkbox"/>
20. TREASURER'S STATEMENT (ALL COMMITTEES)			21. CANDIDATE'S STATEMENT (CANDIDATE & EXPLORATORY COMMITTEES)		
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.		
 TREASURER'S SIGNATURE			 CANDIDATE'S SIGNATURE		

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AUG 27 PM 3:03
MISSOURI ETHICS COMMISSION
BOARD OF ELECTION COMMISSIONERS
JACKSON COUNTY

MISSOURI ETHICS COMMISSION
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