



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000776

OFFICE USE ONLY
[Handwritten initials]

STATEMENT DATE 08/20/2010	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 4,6,7,8
3. FULL NAME OF COMMITTEE Freedom Incorporated		
4. COMMITTEE MAILING ADDRESS ADDRESS: P O Box 270316 CITY / STATE / ZIP : Kansas City, MO 64127-0136		5. TELEPHONE NUMBER 816-483-8683
6. TREASURER'S NAME Carl Evans		
7. TREASURER'S MAILING ADDRESS ADDRESS: P O BOX 270316 CITY / STATE / ZIP : Kansas City, MO 64127-0316		8. TELEPHONE NUMBER HOME: 816-444-6882 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
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO. Liberty Bank 1670 E 63rd St., Kansas City, MO 64110 Freedom Inc		
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE		
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY		
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 E. SUPPORT F. OPPOSE AMENDMENT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE		
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Carl Evans TREASURER'S SIGNATURE		21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Missouri Ethics Commission SEP 20 2010 CANDIDATE'S SIGNATURE