



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000933

OFFICE USE ONLY

STATEMENT DATE 1-12-11		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6, 7, 8	
3. FULL NAME OF COMMITTEE CITIZENS ASSOCIATION POLITICAL ACTION COMMITTEE					
4. COMMITTEE MAILING ADDRESS ADDRESS: P. O. BOX 481803 CITY/STATE/ZIP: KANSAS CITY, MO 64148				5. TELEPHONE NUMBER 816-221-1118	
6. TREASURER'S NAME KEVIN THOMAS					
7. TREASURER'S MAILING ADDRESS ADDRESS: 12119 E. 64TH TERRACE CITY/STATE/ZIP: KANSAS CITY, MO 64133				8. TELEPHONE NUMBER HOME: 816-353-4838 WORK: 816-988-4262	
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, SAVINGS & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" type="checkbox"/> POLITICAL ACTION (PAC) <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					
<b>AMENDMENT</b>					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION				CHECK ONE <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				CHECK ONE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.   TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  _____ CANDIDATE'S SIGNATURE	

MO 300-1306 (10-05)

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Missouri Ethics Commission

JAN 18 2011