

MISSOURI ETHICS COMMISSION STATEMENT OF COMMITTEE ORGANIZATION

C1D# C081094

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OFFICE USE ONLY

	WEO 1D#	
STATEMENT DATE 07 / 13 / 2011	TYPE OF STATEMENT (CHECK ONE) NEW AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) NONE
3. FULL NAME OF COMMITTEE Comm	ittee to Elect Tom McDonald, District 49	
4. COMMITTEE MAILING ADDRESS ADDRESS: 11425 E. Winner Rd. CITY/STATE/ZIP: Independence MO. 64052		5. TELEPHONE NUMBER (816) 833 0785
6. TREASURER'S NAME Lauren McDo		
 TREASURER'S MAILING ADDRESS ADDRESS: 11425 E. Winne CITY / STATE / ZIP: Independence, 	MO. 64052	8. TELEPHONE NUMBER HOME: (816) 833 0785 WORK: (816) 838 3741
9. DEPUTY TREASURER'S NAME	CHECK IF NO DEPUTY TREASURER	
 DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP : OTHER COMMITTEE OFFICERS (IF AN 	Υ)	11. TELEPHONE NUMBER HOME: WORK: 13. IF CANDIDATE HAS OTHER COMMITTEES, IS
A. NAME	B. ADDRESS C. TITLE	THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?
Kansas City, MO. 64133 15. TYPE OF COMMITTEE CANDIDATE POLITICAL PAR 16. CANDIDATE SUPPORTED (CANDIDATE A. NAME	TY POLITICAL ACTION (PAC) CAMP	PAIGN EXPLORATORY DEBT SERVICE POLITICAL C. TELEPHONE NO. D. PARTY
Tom McDonald	11425 E. Winner Rd. Independence MO	(816) 833 0785 Democrat
17. CONNECTED ORGANIZATION (IF ANY) A. NAME	(CONTINUING COMMITTEES ONLY) B. ADDRESS	Missouri Fibics Commission JUL 1 5 2011
18. CANDIDATES SUPPORTED OR OPPOS A. NAME(S) OF CANDIDATE(S) B. E	SED SLECTION DATE C. OFFICE SOUGHIN	CHECK ONE CHECK ONE E. SUPPORT F. OPPOSE
19. BALLOT MEASURE(S) SUPPORTED OF A. NAME(S) OF MEASURE(S)	<u>.</u>	ND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COI ACCURATE.		ATURE (CANDIDATE COMMITTEES ONLY) S STATEMENT IS COMPLETE, TRUE AND
Lauren M	e Vould En	Infonces