



Statement of Committee Organization

1. Statement Information

Date: 10-27-2013
 Type: New Amended (if amending, enter MEC ID COB1094 & section changed _____)

2. Committee Information

Name of Committee: COMMITTEE TO ELECT TOM McDONALD, DISTRICT 28
 Committee Mailing Address, City, State, & Zip: 8120 KENTUCKY AVE RAYTOWN, MO 64138 Telephone Number: (816) 838-3746

Committee Email Address: _____
 County Clerk or Board of Election Commissioners: JACKSON CO BOARD OF ELECTION
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): TOM McDONALD Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 8120 KENTUCKY AVE RAYTOWN MO Treasurer's Home Telephone Number: (816) 838-3746 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____ Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____ Dep. Treasurer's Home Telephone Number: _____ Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name (First & Last): AMENDMENT 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 Ins: _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate: TOM McDONALD 8120 KENTUCKY AVE RAYTOWN MO 64138 Telephone Number (Candidate Committees Only): (816) 838-3746
 Election Date: 8-5-14 Office Sought & Political Subdivision: STATE REP # 28 Political Party: DEMOCRAT Support or Oppose: SUPPORT

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.
 Committee Treasurer: [Signature] Candidate (Candidate Committees Only): [Signature]