



Office Use: SB de

Statement of Committee Organization

1. Statement Information

Date: 01/14/2014
 Type: New Amended (if amending, enter MEC ID C101084 & section changed 2,3)

2. Committee Information

Friends of Rick Brattin
 Name of Committee
P.O.Box 1686 Raymore, MO 64083
 Committee Mailing Address, City, State, & Zip
(816) 695-9907
 Telephone Number
Janet Burlingame
 County Clerk or Board of Election Commissioners
 Official: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Dutch Becker
 Treasurer's Name (First & Last)
20408 S Davila Ct Raymore, MO 64083
 Treasurer's Mailing Address, City, State, & Zip
(816) 419-9738
 Treasurer's Home Telephone Number
()
 Treasurer's Work Telephone Number
Athena Brattin
 Deputy Treasurer's Name (if one appointed)
22405 S Excelsior Rd Harrisonville, MO 64701
 Deputy Treasurer's Mailing Address, City, State, & Zip
(816) 442-3540
 Dep. Treasurer's Home Telephone Number
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 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 Additional Committee Officers Name & Title (if any)
 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 Institution
 Account Name
 Account Number

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

Name & Mailing Address, City, State & Zip of Candidate
 Telephone Number (Candidate Committees Only)
 Election Date
 Office Sought & Political Subdivision
 Political Party
 Support or Oppose

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