



Missouri Ethics Commission (MEC)  
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use *[Signature]*

# Statement of Committee Organization

## 1. Statement Information

Date: 3/8/2014

Type:  New  Amended (if amending, enter MEC ID C041029 & section changed 2,3)

## 2. Committee Information

Citizens for Will Kraus

Name of Committee

612 SW Trailpark Circle Lee's Summit, MO 64081

Committee Mailing Address, Cnty. State, & Zip

(816) 305-0712

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Curtis Morrison

Treasurer's Name (First & Last)

203 NW Ironbark St. Lee's Summit, MO 64064

Treasurer's Mailing Address, City, State, & Zip

No deputy treasurer

Deputy Treasurer's Name (If one appointed)

Deputy Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(816) 478-6547

Treasurer's Home Telephone Number

( )

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

( )

Dep. Treasurer's Home Telephone Number

( )

Dep. Treasurer's Work Telephone Number

## 4. Additional Committee Information

Additional Committee Officer's Name & Title (If any)

**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 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.

*Curtis Morrison*  
 Committee Treasurer

*William J Kraus*  
 Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION