



# Statement of Committee Organization

## 1. Statement Information

Date: 4/1/2014  
 Type:  New  Amended (if amending, enter MEC ID C071023 & section changed Treasurer) Official Email and

## 2. Committee Information

Name of Committee: Teamsters Local 838 Political Action Fund  
 Committee Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd, Kansas City, MO 64130 Telephone Number: (816) 924-3460  
 Office: \_\_\_\_\_ County Clerk or Board of Election Commissioner: Jackson County Election Board  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): David Wyse  
 Treasurer's Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd, Kansas City, MO 64130  
 Treasurer's Home Telephone Number: ( ) ( ) ( ) Treasurer's Work Telephone Number: (816) 924-3460  
 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 & 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)

## 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.

Committee Treasurer: David Wyse Candidate (Candidate Committees Only): \_\_\_\_\_