



Office Use: *BB* *JE*

Statement of Committee Organization

1. Statement Information

Date: _____
 Type: New Amended (if amending, enter MEC ID C141292 & section changed _____)

2. Committee Information

Fowler for Kansas City
Name of Committee
5312 NW 85th Street, Kansas City, Missouri 64154 (816) 741-9263
Committee Mailing Address, City, State, & Zip Telephone Number
Platte County, Missouri
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

Robin Lamb
Treasurer's Name (First & Last)
7815 NW 76th Place, Kansas City, MO 64152
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional) _____
(816) 587-0333 (816) 453-5510
Treasurer's Home Telephone Number 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 & 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)

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

Daniel L. Fowler, 5312 NW 85th St., Kansas City, MO 64154 (816) 741-9263 (816) 300-4001
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
4/7/2015 City of Kansas City, Missouri City Council, 2nd District, In-District Not Applicable Support
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.

Robin Lamb *Daniel L. Fowler*
Committee Treasurer Candidate (Candidate Committees Only)