



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

Office Use: BFB ne

Statement of Committee Organization

1. Statement Information

Date: 07/01/2014
 Type: New Amended (if amending, enter MEC ID C000833 & section changed 4,6,7)

2. Committee Information

Citizens Association Political Action Committee
 Name of Committee
2600 Grand Blvd., Suite 440, Kansas City, MO 64108 (816) 472-7788
 Committee Mailing Address, City, State, & Zip Telephone Number
 Official Committee Email Address Mary Ellen Miller, Jackson Cnty BOE Commission
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Timothy O. Kristl
 Treasurer's Name (First & Last)
2600 Grand Blvd., Suite 440, Kansas City, MO 64108
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(816) 255-2375 (816) 472-7788
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Email Address (optional) _____
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 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 Additional Committee Officer's Name & Title (if any)
 Connected Organization's Name (if any)
 Additional Committee Officer's Mailing Address, City, State, & Zip _____
 Connected Organization's Mailing Address, City, State, & Zip _____
 Missouri Ethics Commission
 JUL 21 2014

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.

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