



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

Office Use:

Statement of Committee Organization

1. Statement Information

Date: 01-02-2015
 Type: New Amended (if amending, enter MEC ID C081094 & section changed 1)

2. Committee Information

Name of Committee: COMMITTEE TO ELECT TOM McDONALD, DISTRICT 28

Committee Mailing Address, City, State, & Zip: 8120 KENTUCKY AVE RAYTOWN, MO 64138 Telephone Number: (816) 838-3746

Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: _____

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): TOM McDONALD Treasurer's Email Address (optional): _____

Treasurer's Mailing Address, City, State, & Zip: 8120 KENTUCKY AVE RAYTOWN, MO Treasurer's Home Telephone Number: (816) 838-3746 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)

Name & Mailing Address, City, State & Zip of Candidate: _____ Telephone Number (Candidate Committees Only): _____
 Election Date: 8-2-2016 Office Sought & Political Subdivision: #28 Rep State 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/We certify that this statement is complete, true and accurate.
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

Committee Treasurer: Candidate (Candidate Committees Only):