



Office Use:
 JUL 21 2015

Statement of Committee Organization

1. Statement Information

Date: 7-17-2015

Type: New Amended (if amending, enter MEC ID C141292 & section changed 6)

2. Committee Information

Fowler for Kansas City

Name of Committee

5312 NW 85th Street, Kansas City, MO 64154

Committee Mailing Address, City, State, & Zip

(816) 741-9263

Telephone Number

Platte County Board of Election Commissioners

County Clerk or Board of Election Commissioners

Official Committee Email Address

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) 590-1151

Treasurer's Home Telephone Number

(816) 453-5510

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)

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)

Dan Fowler, 5312 NW 85th Street, Kansas City, Missouri 64154

Name & Mailing Address, City, State & Zip of Candidate

(816) 741-9263

Telephone Number (Candidate Committees Only)

(816) 813-0543

April 2, 2019

Election Date

Kansas City Council, 2nd District-in-District

Office Sought & Political Subdivision

Non-Partisan

Political Party

Support

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
 Committee Treasurer

Daniel L. Fink
 Candidate (Candidate Committees Only)