



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

Office Use: BB BL

Statement of Committee Organization

1. Statement Information

Date: 07/23/2015
 Type: New Amended (if amending, enter MEC ID C000833 & section changed _____)

2. Committee Information

CITIZENS ASSOCIATIONS POLITICAL ACTION COMMITTEE
 Name of Committee

1201 NW BRIDGELIFE PARKWAY, SUITE 335, KC MO 64116 (816) 223-1742
 Committee Mailing Address, City, State, & Zip Telephone Number

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

TIMOTHY O KRIST
 Treasurer's Name (First & Last)

1201 NW BRIDGELIFE PARKWAY, SUITE 335 (816) 223-1742 (816) 223-1742
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

N/A _____
 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 _____
AMENDMENT _____
 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)

NONE NEW _____ () ()
 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)

NONE NEW _____ _____
 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)