

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: 3/9/2016

Type: ☒ New ☐ Amended (if amending, enter MEC ID C161140 & section changed _____)

2. Committee Information

Citizens for Dan Stacy

Name of Committee

1215 SW Hillcrest Dr, Blue Springs, MO 64015

(816) 820-8092

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

Lisa Stacy

Treasurer's Name (First & Last)

1215 SW Hillcrest Dr, Blue Springs, MO 64015

Treasurer's Mailing Address, City, State, & Zip

(816) 228-8670

Treasurer's Home Telephone Number

(816) 820-8089

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)

Dan Stacy, 1215 SW Hillcrest Dr, Blue Springs, MO 64015

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

(816) 228-8670

Telephone Number (Candidate Committees Only)

(816) 820-8092

8/2/2016

Election Date

REP DISTRICT 31

Office Sought & Political Subdivision

REPUBLICAN

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.

Lisa Stacy
Committee Treasurer

Dan Stacy
Candidate (Candidate Committees Only)