



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

Office Use: BB 7

Statement of Committee Organization

1. Statement Information

Date: 6/17/2016
 Type: New Amended (if amending, enter MEC ID C071023 & section changed OFFICIAL EMAIL, TREASURER & DEPUTY TREASURER)

2. Committee Information

Name of Committee: Teamsters Local 838 Political Action Fund
 Committee Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Boulevard Kansas City, MO 64130
 Telephone Number: (816) 924-3460

Official Committee Email Address

Jackson County Election Board
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Richard L. Blivins
 Treasurer's Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd Kansas City, MO 64130
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: ()
 Treasurer's Work Telephone Number: (816) 924-3460

Deputy Treasurer's Name (if one appointed): Raymond VanNess
 Deputy Treasurer's Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd. Kansas City, MO 64130
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: ()
 Dep. Treasurer's Work Telephone Number: (816) 924-3460

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)

Name & Mailing Address, City, State, & Zip of Financial Institution: _____
 Account Name: _____

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.

Committee Treasurer: Richard Blivins
 Candidate (Candidate Committees Only): _____