



Office Use *MB* *SA*

Statement of Committee Organization

Statement Information

Date: 6/17/2016
 Type: New Amended (if amending, enter MEC ID C071023 & section changed #4 Connected Organization)

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: _____
 County Clerk or Board of Election Commissioners: Jackson County Election Board

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): _____
 Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: AMENDMENT
 Treasurer's Home Telephone Number: _____
 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): _____
 DRIVE - Democrat, Republican, Independent, Voter, Education
 Connected Organization's Name (if any): _____
 Additional Committee Officer's Mailing Address, City, State, & Zip: 25 Louisiana Ave, NW Washington, DC 20001
 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: _____
 Account Number: _____

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: _____

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.

Richard P. Blum
 Committee Treasurer

 Candidate (Candidate Committees Only)