



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

Missouri Ethics Commission

Office Use **DEC 05 2016**

Statement of Committee Organization

JCA

1. Statement Information

Date: 11/26/2016
 Type: New Amended (if amending, enter MEC ID C161391 & section changed _____)

2. Committee Information

Building Consensus PAC
 Name of Committee
1150 Grand Blvd., Suite 270, Kansas City, MO 64106 (816) 368-2868
 Committee Mailing Address, City, State, & Zip Telephone Number
Kansas City Board of Election Commissioners
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Angela Silvey
 Treasurer's Name (First & Last)
1150 Grand Blvd., Suite 270, Kansas City, MO 64106
 Treasurer's Mailing Address, City, State, & Zip
(816) 565-1969 (816) 368-2868
 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) _____
 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)

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.

Angela Silvey _____
 Committee Treasurer Candidate (Candidate Committees Only)