



Statement of Committee Organization

1. Statement Information

Date: 7/28/2017
 Type: New Amended (if amending, enter MEC ID C171211 & section changed _____)

2. Committee Information

Citizens for a Prosperous 34th Senate District

Name of Committee
7509 NW Tiffany Springs Prkwy, Ste 300, Kansas City, MO 64153 (816) 584-9393
Committee Mailing Address, City, State, & Zip Telephone Number

Platte County Board of Election Commissioners
County Clerk or Board of Election Commissioners
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

James C. Thomas III
Treasurer's Name (First & Last)
7509 NW Tiffany Springs Prkwy, Ste 300, Kansas City, MO 64153
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional) _____
() (816) 584-9393
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed) _____
Deputy Treasurer's Email Address (optional) _____
() ()
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.

Committee Treasurer Candidate (Candidate Committees Only)