



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

Office Use
OCT 02 2017

1. Statement Information

Date: 09/21/2017
Type: [] New [X] Amended (if amending, enter MEC ID C071023 & section changed 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
Committee Type: [] Campaign [] Candidate [X] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Raymond L. Van Ness
Treasurer's Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd, Kansas City, MO 64130
Treasurer's Home Telephone Number: ()
Treasurer's Work Telephone Number: (816) 924-3460
Deputy Treasurer's Name (if one appointed): Landon Johnson
Deputy Treasurer's Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd, Kansas City, MO 64130
Deputy Treasurer's Home Telephone Number: ()
Deputy 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? [X] 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)

[X] 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: [Signature]
Candidate (Candidate Committees Only):