



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

Missouri Ethics Commission

Office APR 27 2018

**Statement of Committee Organization**

**1. Statement Information**

Date: 04/20/2018  
 Type:  New  Amended (if amending, enter MEC ID C081094 & section changed 2, 3, 5, 6,)

**2. Committee Information**

Committee to elect Tom McDonald, ~~District 1~~ OK'd by candidate 4-27-18  
 Name of Committee  
11425 E. Winner Rd., Independence, MO. 64052 (816) 838 3746  
 Committee Mailing Address, City, State, & Zip Telephone Number  
 County Clerk or Board of Election Commissioners Mary Ann Miller JCRC  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Tom McDonald  
 Treasurer's Name (First & Last)  
11425 E. Winner Rd, Independence, MO. 64052  
 Treasurer's Mailing Address, City, State, & Zip  
None  
 Deputy Treasurer's Name (if one appointed)  
None  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional)  
(816) 838 3746 (816) 838 3746  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Deputy Treasurer's Email Address (optional)  
( ) ( )  
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

None None  
 Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip  
None Amendment  
 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 sign, if candidate)**

Tom McDonald, 11425 E. Winner Rd., Independence, MO. 64052 (816) 838 3746 ( )  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
April 2020 Independence City Council, district 1 Democratic Support  
 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.

[Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)