



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

Missouri Ethics Commission

FILED JUN 15 2018

Statement of Committee Organization

1. Statement Information

Date: 6/1/2018
 Type: New Amended (if amending, enter MEC ID C151190 & section changed 3)

2. Committee Information

Name of Committee: MISSOURI ALLIANCE PAC
 Address: 617 NE LAKE POINTE DR. LEE'S SUMMIT MO 64604
 Telephone Number: 816 872 5577

Official Committee Email Address _____ County Clerk or Board of Election Commissioners SK

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): ANA MARIE CUSICK
 Treasurer's Mailing Address, City, State, & Zip: 3913 NE 56th Terr Gladstone MO 64119
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (816) 520-6014 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 _____

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)

Name & Mailing Address, City, State, & Zip of Financial Institution _____

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 Ana Marie Cusick

Candidate (Candidate Committees Only) _____