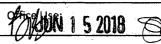


## Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Missouri Ethics Commission

## **Statement of Committee Organization**

1. Statement Information	the state of the s
Date: _6/1/2018	2
Type: New Amended (if amending, enter MEC II	& section changed
2. Committee Information	
MISSOURI ALLIANCE PAL	<ul> <li>Meaning of the distributions of a control of the cont</li></ul>
Name of Committee	816 872 5577
617 NE LAKE POINTE DR.	168'S SUMMIT MO (816 872 5577)
	CYSC 4 Telephone Number
Official Committee Email Address	County Clerk or Board of Election Commissioners
Committee Type: ☐ Campaign ☐ Candidate ☐ Conti	inuing (PAC) Debt Service Exploratory Political Party
Treasurer/Deputy Treasurer Information	
ANA MARIE CUSICK Treasurer's Name (First & Last)	Treasurer's Email Address (optional)
3913 NE 56th Terr Gladstom Treasurer's Malling Address, City, State, & Zip	MO (8/6) 520 -6014 ( )
Treasurer's Malling Address, City, State, & Zip	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
	Dep. Headers 3 Notice Total National Sep. Headers 3 Work Recipions National
Additional Committee Information	
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip
Commercial pre-trigation's Name (interval	Connected Organization's Mailing Address, City, State, & Zip
CANDIDATES: Do you have more than one candidate com  Official Bank Account Information (required by all comm	
Official Bank Account Information (required by an comm	nttees)
Name & Mailing Address, City, State, & ZIP of Financial Institution	Account Herical Control of the Contr
Candidate Supported or Opposed (candidate committee	s must include self, if candidate)
Name & Mailing Address City State & Zin of Candidate	( ) Telephone Number (Candidate Committees Only)
Name & Mailing Address, City, State & Zip of Candidate	relephone number (candidate Committees Only)
Election Date Office Sought & Political Subdivision	Political Party Support or Oppose
A Ballia Maria	
Ballot Measure Supported or Opposed (campaign commi	ittees must complete this section)
Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
Signature(s) Check certification(s) & sign (required by a	
	ation and facts in this report are complete, true, and accurate.
Turtner acknowledge that I am aware that any false statem	nent or declaration made herein is punishable under Ch. 575 RSMo.
Un Want	
Committee Treasurer	Candidate (Candidate Committees Only)