



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



Statement of Committee Organization

1. Statement Information

Date: 5 Dec. 18

Type: ☐ New ☒ Amended (if amending, enter MEC ID C171068 & section changed 6)

2. Committee Information

Citizens to Elect Doug Richey
Name of Committee

Committee Mailing Address, City, State, & Zip

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Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip

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Treasurer's Home Telephone Number

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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

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Dep. Treasurer's Home Telephone Number

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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)

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

Account Name

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Doug Richey, 2213 Chanticleer St.,
Name & Mailing Address, City, State & Zip of Candidate
Excelsior Springs, MO 64124
4 August 2020
Election Date
St. Rep. (HD 38)
Office Sought & Political Subdivision

(816) 223-5759
Telephone Number (Candidate Committees Only)

Republican
Political Party

Support
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.

Stephanie Kroche
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)