



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

Office Use: JAN 24 2019

Statement of Committee Organization

1. Statement Information

Date: 12/20/2018

Type: [] New [x] Amended (if amending, enter MEC ID C171130 & section changed 6)

2. Committee Information

Committee to Elect Keri Ingle

Name of Committee

2016 SW 2nd St, Lees Summit, MO, 64081

(918) 260-4091

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

Jackson County Board of Elections

County Clerk or Board of Election Commissioners

Committee Type: [] Campaign [x] 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

() 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

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) [x] 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)

Keri Ingle, 2016 SW 2nd St, Lees Summit, MO 64081

(918) 260-4091

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

08/04/2020

State Rep Dist 35

Democrat

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.

Signature of Keri Ingle, Committee Treasurer

Signature of Keri Ingle, Candidate (Candidate Committees Only)