



Missouri Ethics Commission
 Office Use
 FEB 05 2019

Statement of Committee Organization

1. Statement Information

Date: January 31, 2019
 Type: New Amended (if amending, enter MEC ID c190769 & section changed PO Box)

2. Committee Information

Name of Committee: Friends for Ryana Parks-Shaw
 Committee Mailing Address, City, State, & Zip: PO Box 11782 Kansas City, Missouri 64138
 Telephone Number: (816) 945-2105
 County Clerk or Board of Election Commissioners: Kansas City Election Board
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Stephany Goodman
 Treasurer's Mailing Address, City, State, & Zip: 8310 Manning Raytown, MO 64138
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (816) 522-8428
 Treasurer's Work Telephone Number: ()
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 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) No

5. Official Bank Account Information (required by all committees)

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

Name & Mailing Address, City, State & Zip of Candidate: Ryana Parks-Shaw PO Box 11782 KC MO
 Telephone Number (Candidate Committees Only): (816) 945-2105
 Election Date: April 2, 2019
 Office Sought & Political Subdivision: KC City Council 5th
 Political Party: non partisan
 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.

Stephany Goodman Committee Treasurer
Ryana Parks-Shaw Candidate (Candidate Committees Only)