



Statement of Committee Organization

1. Statement Information

Date: 4/3/2019
 Type: New Amended (if amending, enter MEC ID C141292 & section changed 6 (election date),

2. Committee Information

Fowler for Kansas City
 Name of Committee
5312 NW 85th Street, Kansas City, Missouri 64152
 Committee Mailing Address, City, State, & Zip
(816) 741-9263
 Telephone Number
Platte County Board of Elections
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Robin Lamb
 Treasurer's Name (First & Last)
7815 NW 76th Place, Kansas City, MO 64152
 Treasurer's Mailing Address, City, State, & Zip
(816) 590-1151
 Treasurer's Home Telephone Number
(816) 453-5510
 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

AMENDMENT

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)

Daniel Fowler, 5312 NW 85th Street, Kansas City, MO 64154
 Name & Mailing Address, City, State & Zip of Candidate
June 18, 2019
 Election Date
Kansas City, Missouri City Council, Second District-in-District
 Office Sought & Political Subdivision
(816) 741-9263
 Telephone Number (Candidate Committees Only)
Non-Partisan
 Political Party
(816) 813-0543
 Support or Oppose
Support

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.
Robin Lamb
 Committee Treasurer
Daniel H. Fowler
 Candidate (Candidate Committees Only)