

C190845



Missouri Ethics Commission (MEC)

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

Missouri Ethics Commission

Office MAY 06 2019 pm

Statement of Committee Organization

1. Statement Information

Date: May 3, 2019

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

2. Committee Information

Maggie Nurrenbern for Missouri

Name of Committee

PO Box 46908 Gladstone, MO 64188

Committee Mailing Address, City, State, & Zip

(816) 289-8822

Telephone Number

Clay County Board of Election Commissioners

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Trent Skaggs

Treasurer's Name (First & Last)

5800 N Grand Ave Gladstone, MO 64118

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

Treasurer's Email Address (optional)

(816) 616-6148

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)

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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)

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

Margaret "Maggie" Nurrenbern 935 N. Woodland Dr. Kansas City, MO 64118

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

August 4, 2020 / November 3, 2020

Election Date

State Representative- District 15

Office Sought & Political Subdivision

(816) 289-8822

Telephone Number (Candidate Committees Only)

Democrat

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.

Committee Treasurer

Candidate (Candidate Committees Only)