

C190852

MAY 10 2019



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

Office Use:  
T191852 *RM*

# Statement of Committee Organization

### 1. Statement Information

Date: 05/08/2019

Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

### 2. Committee Information

Voters for Patty Lewis  
Name of Committee

P.O. Box 8691 Kansas City, MO 64114  
Committee Mailing Address, City, State, & Zip

(816) 289-3321  
Telephone Number

Jackson County Board of Elections  
County Clerk or Board of Election Commissioners

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

### 3. Treasurer/Deputy Treasurer Information

Patricia Lewis  
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

P.O. Box 8691 Kansas City, MO 64114  
Treasurer's Mailing Address, City, State, & Zip

(816) 289-3321  
Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Phone 1

Phone 2

### 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)

Patricia Lewis P.O. Box 8691 Kansas City, MO 64114  
Name & Mailing address, City, State, & Zip of Candidate

(816) 289-3321  
Phone 1

Phone 2

08/04/2020  
Election Date

State Representative/Missouri House of Representatives  
Office Sought & Political Subdivision

Democrat  
Political Party

District 25

Support or Oppose

*per card RM*

### 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.

*Patricia Lewis*  
Committee Treasurer

*Patricia Lewis*  
Candidate (Candidate Committees Only)