



Office of the Secretary
 JUN 27 2019
 (Signature)

Statement of Committee Organization

1. Statement Information

Date: 06/24/2019
 Type: New Amended (if amending, enter MEC ID C190852 & section changed 3)

2. Committee Information

Voters for Patty Lewis
 Name of Committee
P.O. Box 8691 Kansas City, MO 64114 (816) 289-3321
 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 Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Aaron Lewis
 Treasurer's Name (First & Last)
P.O. Box 8691 Kansas City, MO 64114
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(816) 914-4927
 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

AMENDMENT
 Additional Committee Officer's Name & Title
 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 (816) 289-3321 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08/04/2020 Missouri House of Representatives 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)

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 (Signature) Candidate (Candidate Committees Only) (Signature)