



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

Missouri Ethics Commission

Office JUL 15 2019

Statement of Committee Organization

1. Statement Information

Date: 7/8/2019
 Type: New Amended (if amending, enter MEC ID C000621 & section changed Deputy Treasurer)

2. Committee Information

MO State Council of Fire Fighters PAC
 Name of Committee
29210 SE County RD AA Blue Springs, MO 64014
 Committee Mailing Address, City, State, & Zip (573) 225-8221
 Telephone Number

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Norman Baker
 Treasurer's Name (First & Last)
6645 State Highway 77 Benton, MO 63736
 Treasurer's Mailing Address, City, State, & Zip (573) 225-8221
 Treasurer's Home Telephone Number ()
 Treasurer's Work Telephone Number
Sherwood Smith
 Deputy Treasurer's Name (if one appointed)
12900 E. 59th Terrace Kansas City, MO 64133
 Deputy Treasurer's Mailing Address, City, State, & Zip (816) 536-2662
 Dep. Treasurer's Home Telephone Number ()
 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 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)

Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
()
 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.

Norman Baker
 Committee Treasurer Candidate (Candidate Committees Only)