



Statement of Committee Organization

1. Statement Information

Date: 07/22/2019

Type: New Amended (if amending, enter MEC ID C071023 & section changed Official Bank Account Information)

2. Committee Information

Name of Committee: Teamsters Local 838 Political Action Fund

Committee Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd, Kansas City, MO 64130 Telephone Number: (816) 924-3460

Jackson County Election Board
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Raymond L. Vanless
 Treasurer's Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd, Kansas City, MO 64130

Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: () Treasurer's Work Telephone Number: (816) 924-3460

Deputy Treasurer's Name (if one appointed): Landon Johnson
 Deputy Treasurer's Mailing Address, City, State, & Zip: 4501 Emanuel Cleaver II Blvd, Kansas City, MO 64130

Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: (816) 924-3460

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): Amendment
 Connected Organization's Name (if any): _____

Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 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)

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.

Committee Treasurer: Raymond L. Vanless

Candidate (Candidate Committees Only): _____