



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

Missouri Ethics Commission
 Office Use:
 SEP 10 2019

Statement of Committee Organization

1. Statement Information

Date: 09/06/19
 Type: New Amended (if amending, enter MEC ID C000621 & section changed 2, 3)

2. Committee Information

MO State Council of Fire Fighters PAC
 Name of Committee
6320 Manchester Ave., Ste.42A, Kansas City, MO 64133
 Committee Mailing Address, City, State, & Zip
(816) 783-5446
 Telephone Number
Kansas City
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Stephen Davis
 Treasurer's Name (First & Last)
6320 Manchester #42A, KC, MO 64133
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
() ()
 Treasurer's Home Telephone Number
(816) 783-5446
 Treasurer's Work Telephone Number
Demetrius Alfred
 Deputy Treasurer's Name (if one appointed)
4271 Delor, St. Louis, MO 63116
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Email Address (optional)
() ()
 Dep. Treasurer's Home Telephone Number
(314) 574-5393
 Dep. Treasurer's Work Telephone Number

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)

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.

[Signature]
 Committee Treasurer
[Signature]
 Candidate (Candidate Committees Only)