

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

Statement of Committee Organization

1. Statement Information Date: 09/17/2019	n _{ing} to a configuration of the second			
	—— mended (if amending, enter MEC ID ${\cal C}$	90995 & section	changed)	
2. Committee Information Stewart for City	on			
Name of Committee 600 N. Powahatan Drive, Independence,		MO 64056	(816)729-0670	
Committee Mailing Address, City, S	ommittee Mailing Address, City, State, & Zip		Jackson County Board of Elections County Clerk or Board of Election Commissioners	
	Continuing	(DAC) Dobt Sonico DE	voloratory	
3. Treasurer/Deputy Tre	asurer Information	3. 境。\$P\$27 (1) 《李·		
Brice Stewart				
Treasurer's Name (First & Last) 600 N. Powahatan Drive, Independence, MO 64056 Treasurer's Mailing Address, City, State, & Zip		Treasurer's Email Address (optional) (816) 729-0670 Treasurer's Home Telephone Number	(
N/A		N/A		
Deputy Treasurer's Name (if one ap	ppointed)	Deputy Treasurer's Email Address (option	onal)	
Deputy Treasurer's Mailing Address	s. City. State. & Zip	Dep. Treasurer's Home Telephone Num	ber Dep. Treasurer's Work Telephone Number	
4. Additional Committee N/A	mormatien			
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 h	nave more than one candidate committe	ee? Yes (refer to instructions	on back) 🔲 No	
5. Official Bank Account	Information (required by all committee	S)		
6. Candidate Supported	or Opposed (candidate committees mu	st include self, if candidate)		
Brice Stewart 600 N. Powahatan Drive, Independence, MO 64056		(816)729-0670		
Name & Mailing Address, City, State 02/04/2020	City Council 2nd District	Telephone Number (Candidate Committee Non-Partisan	Support	
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
7. Ballot Measure Suppor	rted or Opposed (campaign committees	s must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
3. Signature(s) Check co	ertification(s) & sign (required by all cor	nmittees)	The April 1 State of the April 1 State of the April 1	
	nder penalty of perjury that information			
	at I am aware that any false statement of	- (_	
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