



Statement of Committee Organization

1. Statement Information

Date: _____

Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Name of Committee _____

Committee Mailing Address, City, State, & Zip _____

Telephone Number (_____) _____

Official Committee Email Address _____

County Clerk or Board of Election Commissioners _____

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

3. Treasurer/Deputy Treasurer Information

Reckele White
Treasurer's Name (First & Last)

1317 NE Brandywine Rd LSMO 64064
Treasurer's Mailing Address, City, State, & Zip

(816) 529 1529
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 (if any)
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)

Citizens for Frank White
Name & Mailing Address, City, State & Zip of Candidate

(816) 529 1529
Telephone Number (Candidate Committees Only)

2022
Election Date

County Executive
Office Sought & Political Subdivision

Dem
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.

Reckele White
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)