



Office Use:
 C201148

Statement of Committee Organization

1. Statement Information

Date: 02/21/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Michael R. Brown For State Senate
 Name of Committee

11301 Applewood Drive Kansas City, MO 64130 (816) 786-0289
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Kansas City County Board of Elections
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Gilma Brown [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

11301 Applewood Drive Kansas City, MO 64130 (816) 739-2580
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

 Deputy Treasurer's Name (if one appointed) [REDACTED]
 Deputy Treasurer's Email Address (optional)

 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

4. Additional Committee Information

 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)

[REDACTED] [REDACTED] [REDACTED]
 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)

Michael Brown 11301 Applewood Drive Kansas City, MO 64134 (816) 786-0289
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/04/2020 State Senator/Missouri Democrat
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

 State Senate
 Office Sought & Political Subdivision

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)

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.

ELECTRONICALLY FILED Feb 21 2020 03:50 PM ELECTRONICALLY FILED Feb 21 2020 03:50 PM
 Committee Treasurer Candidate (Candidate Committees Only)