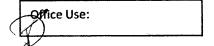


Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

Statement Information Date: 3/8/2020		
Date.	C041029 & castion a	3 and 6
Type: Li New Amended (If amending, enter MEC ID	& section o	hanged)
Committee Information		
Citizens for Will Kraus		
Name of Committee	24084	946 205 0742
612 SW Trailpark Circle Lee's Summit, MO 6	94081	
Committee Mailing Address, City, State, & Zip		relephone Number
Umicial Committee Email Address	County Clerk Roard of Election Commissi	oners, or Federal PAC/Out of State Committee
Committee Type: ☐ Campaign ☐ Candidate ☐ Continuin	•	ploratory Political Party
	ig (i.v.e) is seen seen see	, , , , , , , , , , , , , , , , , , ,
Treasurer/Deputy Treasurer Information		
Carmen Kraus	•	
Treasurer's Name (First & Last) 612 SW Trailpark Circle Lee's Summit, MO 64081	Treasurer's Lineal Act	
Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
,	•	·
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	al)
	()	()
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	er Dep. Treasurer's Work Telephone Number
Additional Committee Information		
Najario de Companya de Company		
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing A	ddress, City, State, & Zip
,	_	, ,, ,
Connected Organization's Name (if any)	Connected Organization's Mailing Addres	s, City, State, & Zip
CANDIDATES: Do you have more than one candidate commit	tan?	n back) 🗆 No
Official Bank Account Information (required by all committee		in back) 🗆 NO
Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
Candidate Supported or Opposed (candidate committees m		
Will Kraus 612 SW Trailpark Cir. Lee's Summit, MO 64081	(816) 305-0712	(
Name & Mailing Address, City, State & Zip of Candidate 8/8/2024 \(\nabla 100000000000000000000000000000000000	Telephone Number (Candidate Committe Republican	es Only) Support
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose

Ballot Measure Supported or Opposed (campaign committe	es must complete this section)	
A	Charles Day 0.0 Pet 10.1 P. 1	
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all co	ommittees)	
■ I affirm and attest under penalty of perjury that informatio	n and facts in this report are com	plete, true, and accurate. I
further acknowledge that I am aware that any false statement	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Comme Min	2111/	10/12
Committee Treasurer	Candidate (Candidate Committees Only)	