



Office Use:
 C201484

Statement of Committee Organization

1. Statement Information

Date: 08/23/2020
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Taking KC Back
 Name of Committee

8512 NE 103rd St. Kansas City, MO 64157
 Committee Mailing Address, City, State, & Zip

(816) 206-3860
 Telephone Number

[REDACTED]
 Official Committee Email Address

Clay County Board of Elections
 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

Heather Haberle
 Treasurer's Name (First & Last)

[REDACTED]
 Treasurer's Email Address (optional)

10516 N. Cherry Kansas City, MO 64155
 Treasurer's Mailing Address, City, State, & Zip

(816) 509-2344
 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

Jami Bailey (President) | Rita Olsen-Stawicki (Vice President) | Shannon Bjornlie (Secretary)
 Additional Committee Officer's Name & Title (if any)

8512 NE 103rd St. Kansas City, MO 64157 | 12100 E. 61st St Kansas City, MO 64133 | 6227 N. Ames Kansas City, MO 64151
 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]
 Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]
 Account Name

[REDACTED]
 Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing address, City, State, & Zip of Candidate

Phone 1

Phone 2

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.

ELECTRONICALLY FILED Oct 8 2020 03:11 PM
 Committee Treasurer

ELECTRONICALLY FILED Oct 8 2020 03:11 PM
 Candidate (Candidate Committees Only)