

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

## Statement of Committee Organization

Office Use:	
C211593	

1.	Statement Information			
	Date: <u>03/05/2021</u>			
	Type: New Amended (if amending, enter MEC ID	& section cha	anged)	
2.	Committee Information			
	Friends of Bill Kidd			
	Name of Committee		(916) 696 1190	
	902 N Sunnynook School Rd Buckner, MO 64016 Committee Mailing Address, City, State, & Zip	(816) 686-1180 Telephone Number		
	[REDACTED]	Jackson County Board of Elec		
	Official Committee Email Address  Committee Type: Campaign Candidate Continuing	County Clerk, Board of Election Commission g(PAC) Debt Service Ex		
2		Tollical Fary		
3.	Treasurer/Deputy Treasurer Information	[		
	Jamie Kidd Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)		
	902 N Sunnynook School Rd Buckner, MO 64016	(816) 686-1180		
	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)		
	Separa Treasurer Situative (in one appointed)	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)			
	CANDIDATES: Do you have more than one candidate committee?			
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 i	nclude self, if candidate)		
	Bill Kidd 902 N Sunnynook School Rd Buckner, MO 64016  Name & Mailing address, City, State, & Zip of Candidate	(816) 686-1180 Phone 1	Phone 2	
			Phone 2	
	State Senator/Missouri State Senate	Republican		
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all commit		soppe so appear	
J.	■affirm and attest under penalty of perjury that information an		ete true and accurate I	
	further acknowledge that I am aware that any false statement or	The state of the s		
	ELECTRONICALLY FILED Mar 5 2021 09:12 AM	ELECTRONICALLY FILED Mar 5 2021 09:12 AM		
Committee Treasurer Candidate (		Candidate (Candidate Committees Only)		