

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

Office Use: C222257

## Statement of Committee Organization

1.	Statement Information			
	Date: 09/06/2022			
	Type: New Amended (if amending, enter MEC ID	& section cha	nged)	
2.	Committee Information			
	No On 4 Committee			
	1710 Paseo Kansas City, MO 64108		(816) 868-1622	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
	[REDACTED]	Kansas City County Board of Elections		
	Official Committee Email Address	County Clerk, Board of Election Commissione	_	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	ploratory Political Pary	
3.	Treasurer/Deputy Treasurer Information	reasurer/Deputy Treasurer Information		
	Alvin Brooks	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	3717 Southern Hills Drive Kansas City, MO 64137	(816) 719-0670		
	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		ess, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ity, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions of	on back) No	
5.	ficial 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 in	clude 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 mu		Support of Oppose	
7.		-		
	Missouri Constitution Amendment 4	11/08/2022,Kansas City Board of Police	Oppose	
		Commissioners		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all committ	ees)		
	■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 RSM			
	ELECTRONICALLY FILED Sep 6 2022 03:22 PM	ELECTRONICALLY FILED Sep 6		

Committee Treasurer

Candidate (Candidate Committees Only)