

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:	
C232348	

1.	Statement Information			
	Date: <u>01/09/2023</u>			
	Type: New Amended (if amending, enter MEC ID	& section cha	nnged)	
2.	Committee Information			
	2024 Ballot Fund			
	Name of Committee		(04.6) 724 4205	
	PO Box 30054 Kansas City, MO 64130 Committee Mailing Address, City, State, & Zip		(816) 721-4395 Telephone Number	
	[REDACTED]	Jackson County Board of Elec		
	Country Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee			
Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Politica				
3.	Treasurer/Deputy Treasurer Information			
	Richard Speidel	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	3633 Charlotte St Kansas City, MO 64109 Treasurer's Mailing Address, City, State, & Zip	(816) 721-4395 Phone 1	Phone 2	
		[REDACTED]		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2	
1		Priorie 1	Phone 2	
+.	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?	e? 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	
õ.	andidate Supported or Opposed (candidate committees must include self, if candidate)			
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Name & Walling address, City, State, & 219 of Candidate	Filone 1	Filone 2	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)		
	TBD	11/05/2024,Statewide	Support	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	ature(s) Check certification(s) & sign (required by all committees)			
	■affirm and attest under penalty of perjury that information and			
	further acknowledge that I am aware that any false statement or o	declaration made herein is pun	ishable under Ch. 575 RSMo.	
ELECTRONICALLY FILED Jan 9 2023 02:42 PM ELECTRONICALLY FILED Jan 9 2023 02:42 PM Committee Transpurer Condidate (Condidate Committees Only)		2023 02:42 PM		
	ommittee Treasurer Candidate (Candidate Committees Only)			