

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

Office Use: C232446

⁷ Statement of Committee Organization

1.	Statement Information		
	Date: 05/10/2023		
	Type: New Amended (if amending, enter MEC ID	& section cha	inged)
2.	Committee Information		
	Kill the Fill PAC		
	Name of Committee		(916) 456 2700
	PO Box 512 Raymore, MO 64083 Committee Mailing Address, City, State, & Zip		(816) 456-3799 Telephone Number
	[REDACTED]	Jackson County Board of Elec	tions
	Official Committee Email Address	County Clerk, Board of Election Commissione	ers, Federal PAC/Out of State Committee
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Ex	ploratory Political Pary
3.	Treasurer/Deputy Treasurer Information		
	Jennifer Phanton	[REDACTED]	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	14300 Overhill Ave Grandview, MO 64030	(816) 456-3799	
	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	
	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.	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 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 me	ust 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) ■affirm and attest under penalty of perjury that information and facts in this report are complete, true, and a			
			te, true, and accurate. I
	further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSI		
	ECTRONICALLY FILED May 10 2023 01:11 PM ELECTRONICALLY FILED May 10 2023 01:11 PM		10 2023 01:11 PM
	Committee Treasurer	Candidate (Candidate Committees Only)	
м	MO 300-1308		