

Committee Treasurer

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:	
C232458	

1. Statement Information	on			
Date: 05/25/2023				
Type: New	Amended (if amending, enter MEC ID	& section c	changed)	
. Committee Informati	on			
Hernandez for MO				
Name of Committee	near City MO 64122		(816) 877-7093	
4225 Norledge Ave Ka Committee Mailing Address, City,			Telephone Number	
[REDACTED] Official Committee Email Address		Kansas City County Board of	of Elections ioners, Federal PAC/Out of State Committee	
Committee Type:	Campaign Candidate Continu		Exploratory Political Pary	
. Treasurer/Deputy Tre			, , , ,	
Mitch Clinkenbeard		[REDACTED]		
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)		
4225 Norledge Ave Ka		(816) 920-1493 Phone 1	Phone 2	
Treasurer's Mailing Address, City, State, & Zip	State, & Zip	[REDACTED]	Thone 2	
Deputy Treasurer's Name (if one appointed)		Deputy Treasurer's Email Address (optional)		
Deputy Treasurer's Mailing Addres	ss, City, State, & Zip	Phone 1	Phone 2	
. Additional Committee	Information			
Additional Committee Officer's Na	al Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip			
Connected Organization's Name (i	if any)	Connected Organization's Mailing Addres	ss, City, State, & Zip	
CANDIDATES: Do you	have more than one candidate committed	e? Yes (refer to instruction	ns on back) No	
. Official Bank Account	Information (required by all committees	5)	_	
[REDACTED]		[REDACTED]	[REDACTED]	
Name & Mailing Address, City, Star		Account Name	Account Number	
	or Opposed (candidate committees mus			
Patricia Hernandez 42 64123	25 Norledge Ave Kansas City, MO	(816) 877-7093		
Name & Mailing address, City, Sta	te, & Zip of Candidate	Phone 1	Phone 2	
08/06/2024	State	Democrat		
	Representative/Missouri House of Representatives			
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
. Ballot Measure Suppo	orted or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
Signature(s) Check ce	rtification(s) & sign (required by all comr	mittees)		
■affirm and attest u	nder penalty of perjury that information a	and facts in this report are comp		
_	that I am aware that any false statement			
ELECTRONICALLY FILED May 25 2023 06:49 PM ELECTRONICALLY FILED May 25		ay 25 2023 06:49 PM		

Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 10/2019)