



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:
C242722

1. Statement Information

Date: 02/09/2024

Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Donna Barnes for Missouri
Name of Committee

PO Box 413713 Kansas City , MO 64141 (816) 935-3845
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Jackson County Board of Elections
Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jerome Barnes [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

PO Box 413713 Kansas City , MO 64141 (816) 935-3844
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

[REDACTED]
Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

[REDACTED]
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, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? 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

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Donna Barnes PO Box 413713 Kansas City , MO 64141 (816) 935-3845
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/06/2024 State Democrat
Election Date Representative/Missouri House of Representatives Political Party Support or Oppose
Office Sought & Political Subdivision

7. Ballot Measure Supported or Opposed (campaign committees must 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 accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

ELECTRONICALLY FILED Feb 9 2024 04:33 PM ELECTRONICALLY FILED Feb 9 2024 04:33 PM
Committee Treasurer Candidate (Candidate Committees Only)