



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:
 C243009

1. Statement Information

Date: 06/14/2024
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Neighbors United
 Name of Committee
PO Box 22741 Kansas City, MO 64113
 Committee Mailing Address, City, State, & Zip (816) 237-8769
 Telephone Number
[REDACTED]
 Official Committee Email Address Kansas City County Board of Elections
 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

Kim Johnson
 Treasurer's Name (First & Last) [REDACTED]
 Treasurer's Email Address (optional)
PO Box 22741 Kansas City, MO 64113
 Treasurer's Mailing Address, City, State, & Zip (816) 237-8769
 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, 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]
 Name & Mailing Address, City, State, & Zip of Financial Institution [REDACTED]
 Account Name [REDACTED]
 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 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 Jun 14 2024 01:28 PM
 Committee Treasurer ELECTRONICALLY FILED Jun 14 2024 01:28 PM
 Candidate (Candidate Committees Only)