



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

Office Use:
 C243123

Statement of Committee Organization

1. Statement Information

Date: 09/19/2024
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Kansas City Forward
 Name of Committee

3913 NE 56TH TERRACE GLADSTONE, MO 64119 (816) 520-6014
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Clay 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

ANA CUSICK [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

3913 NE 56TH TERRACE GLADSTONE, MO 64119 (816) 520-6014
 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, 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)

CHRISTOPHER BROWN _____
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

 Election Date MO STATE REP _____
 Office Sought & Political Subdivision Political Party Support
 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 Sep 19 2024 02:12 PM ELECTRONICALLY FILED Sep 19 2024 02:12 PM
 Committee Treasurer Candidate (Candidate Committees Only)