



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

Office Use:
 A253690

Statement of Committee Organization

1. Statement Information

Date: 02/01/2025
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Kim Miller
 Name of Committee
1816 S. 41st Street St. Joseph, MO 64507 (618) 381-3010
 Committee Mailing Address, City, State, & Zip Telephone Number
[REDACTED] Buchanan County Clerk
 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

Taylor Crouse [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
2602 Meadow Ridge Dr. St. Joseph, MO 64504 (816) 294-2537
 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)

Kim Miller 1816 S. 41st Street St. Joseph, MO 64507 (618) 381-3010
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
04/08/2025 Boardmember/St. Joseph
 Election Date Office Sought & Political Subdivision
School District
 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 Feb 1 2025 10:10 PM ELECTRONICALLY FILED Feb 1 2025 10:10 PM
 Committee Treasurer Candidate (Candidate Committees Only)