# 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:
C253486

## 1. Statement Information

Date: 04/15/2025

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

## 2. Committee Information

Moore for Kansas City
Name of Committee

PO Box 8721 Kansas City, MO 64114
Committee Mailing Address, City, State, & Zip

(816) 695-6862
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 Pary

## 3. Treasurer/Deputy Treasurer Information

Tiffany Moore
Treasurer's Name (First & Last)

[REDACTED]
Treasurer's Email Address (optional)

PO Box 8721 Kansas City, MO 64114
Treasurer's Mailing Address, City, State, & Zip

(816) 695-6862
Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

[REDACTED]
Deputy Treasurer's Email Address (optional)

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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)

Tiffany Moore PO Box 8721 Kansas City, MO 64114
Name & Mailing address, City, State, & Zip of Candidate

(816) 695-6862
Phone 1

Phone 2

04/06/2027
Election Date

Council Person/City of Kansas City
Office Sought & Political Subdivision

Democrat
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 Apr 15 2025 10:58 PM
Committee Treasurer

ELECTRONICALLY FILED Apr 15 2025 10:58 PM
Candidate (Candidate Committees Only)