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:
C253577

## 1. Statement Information

Date: 07/21/2025

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

## 2. Committee Information

Committee to Elect Charline Gray
Name of Committee

11308 E 23rd St S Independence, MO 64052
Committee Mailing Address, City, State, & Zip

(816) 955-1336
Telephone Number

[REDACTED]
Official Committee Email Address

Jackson 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

Charline Gray
Treasurer's Name (First & Last)

[REDACTED]
Treasurer's Email Address (optional)

11308 E 23rd St S Independence, MO 64052
Treasurer's Mailing Address, City, State, & Zip

(816) 955-1336
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)

Charline Gray 11308 E 23rd St S 8169551336, MO 64052
Name & Mailing address, City, State, & Zip of Candidate

(816) 955-1336
Phone 1

Phone 2

04/07/2026
Election Date

Council Person/City of Independence
Office Sought & Political Subdivision

Independent
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 Jul 21 2025 02:51 PM
Committee Treasurer

ELECTRONICALLY FILED Jul 21 2025 02:51 PM
Candidate (Candidate Committees Only)