

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:
C253700

1.	Statement Information			
	Date: <u>10/16/2025</u>			
	Type: New Amended (if amending, enter MEC ID	& section changed		
2.	Committee Information			
	Committee to Elect Mike Huff for Mayor  Name of Committee			
	16501 E George Franklyn Dr Independence, MO 64055		(816) 456-6517	
	Committee Mailing Address, City, State, & Zip		Telephone Number	
	[REDACTED] Official Committee Email Address	Jackson County Board of Electron County Clerk, Board of Electron Commissione		
	Committee Type: Campaign Candidate Continuing		ploratory Political Pary	
3.	reasurer/Deputy Treasurer Information			
	Nick Huff	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	16709 E George Franklyn Dr Independence, MO 64055	(816) 405-3470	Phone 2	
	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)		
	<u>,                                      </u>			
	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)	ial Bank Account Information (required by all committees)		
	[REDACTED]	[REDACTED]	[REDACTED]	
_	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
b.	Candidate Supported or Opposed (candidate committees must in			
	Mike Huff 16501 E George Franklyn Dr Independence, MO 64055	(816) 456-6517		
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	02/03/2026 Mayor/City of			
	Election Date Independence Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)		
	·			
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	ture(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 Irther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMc			
	ELECTRONICALLY FILED Oct 16 2025 07:13 PM Committee Treasurer	5 07:13 PM ELECTRONICALLY FILED Oct 16 2025 07:13 PM Candidate (Candidate Committees Only)		