



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO91019

OFFICE USE ONLY
BB JA

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <u>4, 5, 6, 7, 8, 9, 10, 11, 20</u>	
3. FULL NAME OF COMMITTEE <u>Sly James for Mayor</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>P.O. BOX 10058</u> CITY/STATE/ZIP: <u>Kansas City, Missouri, 64171</u>				5. TELEPHONE NUMBER <u>816 472-6800</u>	
6. TREASURER'S NAME <u>Marvin L. Lyman</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>3817 Harrison Blvd</u> CITY/STATE/ZIP: <u>Kansas City MO 64109</u>				8. TELEPHONE NUMBER HOME: <u>(816) 561-4770</u> WORK: <u>(816) 718-5524</u>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>BRADLEY D. McCORMACK</u>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>4312 FAIRMOUNT</u> CITY/STATE/ZIP: <u>KANSAS CITY, MO 64111</u>				11. TELEPHONE NUMBER HOME: <u>816-569-6891</u> WORK: <u>816-595-1802</u>	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
AMENDMENT					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>Commerce Bank</u> <u>118 W. 47th St.</u> <u>Kansas City, MO. 64112</u>		B. ACCOUNT NAME <u>or</u>		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>Sly James</u>		B. ADDRESS <u>802 Broadway</u> <u>Kansas City, MO 64105</u>		C. TELEPHONE NO. POLITICAL PARTY <u>816-472-6800</u>	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. 			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. 		

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SEP 03 2009