



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION
ELECTION BOARD

MEC ID # A101086

OFFICE USE ONLY
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STATEMENT DATE: 12/17/2009
 TYPE OF STATEMENT (CHECK ONE): NEW AMENDED
 IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS): Missouri Ethics Commission

FULL NAME OF COMMITTEE: Kyleen Carroll for School Board
 DATE: FEB 19 2010

4. COMMITTEE MAILING ADDRESS: ADDRESS: P.O. BOX 32981
 CITY / STATE / ZIP: KANSAS CITY MO 64171
 5. TELEPHONE NUMBER: Received by Fax
816.661.9703

6. TREASURER'S NAME: CHRISTOPHER CARROLL

7. TREASURER'S MAILING ADDRESS: ADDRESS: 4345 BELL ST
 CITY / STATE / ZIP: KANSAS CITY MO 64111
 8. TELEPHONE NUMBER: HOME: 816.520.8968
 WORK:

9. DEPUTY TREASURER'S NAME: CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS: ADDRESS: 4345 Bell Street
 CITY / STATE / ZIP: Kansas City MO 64111
 11. TELEPHONE NUMBER: HOME: 816.520.8968
 WORK: 816.885.4087

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?
 YES NO N/A

14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)
 A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION: BANK OF AMERICA
115 W 3rd St
KANSAS CITY, MO 64113
 B. ACCOUNT NAME: KYLEEN CARROLL FOR SCHOOL BOARD
ELECTION COMMITTEE
KYLEEN CARROLL CANDIDATE
 C. ACCOUNT NO.

15. TYPE OF COMMITTEE:
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY):
 A. NAME: Kyleen Carroll
 B. ADDRESS: 4345 Bell Street KC, MO 64111
 C. TELEPHONE NO.: 816.661.9703
 D. POLITICAL PARTY: Democratic

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY):
 A. NAME B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED:
 A. NAME(S) OF CANDIDATE(S): Kyleen Carroll
 B. ELECTION DATE: 04/06/2010
 C. OFFICE SOUGHT: OFFICE OF SCHOOL DIRECTOR (BOARD)
 D. POLITICAL SUBDIVISION: School District of KCMO
AT LARGE
 CHECK ONE: E. SUPPORT F. OPPOSE

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 F. OPPOSE

20. COMMITTEE TREASURER'S SIGNATURE:
 I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

 TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY):
 I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

 CANDIDATE'S SIGNATURE