



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # A 101430

OFFICE USE ONLY
BJ

STATEMENT DATE <u>12.7.10</u>		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE <u>Save Kansas City Committee</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>P.O. Box 7205</u> CITY/STATE/ZIP: <u>K.C. Mo. 64113</u>				5. TELEPHONE NUMBER <u>816-213-2862</u>	
6. TREASURER'S NAME <u>LCC Moore</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>6329 McGee St.</u> CITY/STATE/ZIP: <u>Kansas City, MO 64113</u>				8. TELEPHONE NUMBER HOME: <u>816-523-2760</u> WORK: <u>816-373-3003</u>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>Alex Ayala</u>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>710 E 72 St</u> CITY/STATE/ZIP: <u>K.C. Mo. 64131</u>				11. TELEPHONE NUMBER HOME: <u>816-213-2862</u> WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY)				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
A. NAME				B. ADDRESS	
C. TITLE					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, _____ AN, OR CREDIT UN					

15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input checked="" type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME		B. ADDRESS		C. TELEPHONE NO.	D. POLITICAL PARTY
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) <u>Renewal of Kansas City Earnings tax</u>		B. ELECTION DATE <u>April 5, 2011</u>	C. SUBJECT AND POLITICAL SUBDIVISION <u>Kansas City, Mo.</u>		CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>L. C. Moore</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Missouri Ethics Commission</u> DEC 13 2010 CANDIDATE'S SIGNATURE	