



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # A11104

OFFICE USE ONLY
BB

STATEMENT DATE may 3, 2011		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) NA					
3. FULL NAME OF COMMITTEE Decline to Sign Committee									
4. COMMITTEE MAILING ADDRESS ADDRESS: P.O. Box 7030 CITY / STATE / ZIP : Kansas City, MO. 64131				5. TELEPHONE NUMBER 816-213-2862					
6. TREASURER'S NAME Lee A Moore									
7. TREASURER'S MAILING ADDRESS ADDRESS: 1000 E US Highway 24 CITY / STATE / ZIP : Independence, MO 64050				8. TELEPHONE NUMBER HOME: WORK: 816-373-3003					
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Alex Ayala									
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 710 e 72nd Street CITY / STATE / ZIP : Kansas City, MO 64113				11. TELEPHONE NUMBER HOME: WORK: 816-213-2862					
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					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">A. NAME</td> <td style="width:33%; text-align: center;">B. ADDRESS</td> <td style="width:33%; text-align: center;">C. TITLE</td> </tr> <tr> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> </tr> </table>						A. NAME	B. ADDRESS	C. TITLE	NA
A. NAME	B. ADDRESS	C. TITLE							
NA	NA	NA							
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)									
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION		B. ACCOUNT NAME		C. ACCOUNT NO.					
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 F. OPPOSE				
					<input type="checkbox"/> <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 F. OPPOSE					
Referendum on city ordinance		November 8, 2011		<input checked="" type="checkbox"/> <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)						
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.						
 _____ TREASURER'S SIGNATURE			Missouri Ethics Commission MAY 10 2011 _____ CANDIDATE'S SIGNATURE						