



Statement of Committee Organization

1. Statement Information

Date: 10/10/11
 Type: New Amended (if amending, enter MEC ID C071012 & section changed Name / Office)

2. Committee Information

Kander for Missouri
 Name of Committee
P.O. Box 140252, Kansas City, MO, 64114
 Committee Mailing Address, City, State, & Zip (573) 990-1850
 Telephone Number

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____
 Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Diana Kander
 Treasurer's Name (First & Last)
1300 Meadow Lake Ter, KCMO, 64114
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
 Treasurer's Home Telephone Number () Treasurer's Work Telephone Number ()
 Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Email Address (optional) _____
 Deputy Treasurer's Home Telephone Number () Deputy Treasurer's Work Telephone Number ()

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 _____

AMENDMENT

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)

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Jason Kander, 1300 Meadow Lake Ter, KCMC
 Name & Mailing Address, City, State & Zip of Candidate (816) 226-8920
 Telephone Number (Candidate Committees Only) ()
November 6, 2012 Secretary of State Democrat Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I/We certify that this statement is complete, true and accurate.
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

[Signature] _____ [Signature] _____
 Committee Treasurer Candidate (Candidate Committees Only)