Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: [illegible]

Statement of Committee Organization

1. Statement Information

Date: ~~12/18/12~~ 12/18/12

Type: ☐ New ☒ Amended (if amending, enter MEC ID C051232 & section changed 2 + 6)

2. Committee Information

Silvey for Missouri
Name of Committee

P.O. Box 10626, Gladstone, MO 64118
Committee Mailing Address, City, State, & Zip

( ) Telephone Number

Official Committee Email Address

Clay County Election Board
County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip

( ) Treasurer's Home Telephone Number ( ) Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

AMENDMENT

Deputy Treasurer's Mailing Address, City, State, & Zip

( ) Dep. Treasurer's Home Telephone Number ( ) Dep. 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

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)

Ryan Silvey, 11231 N. Pennsylvania Ave, KC Mo 64155
Name & Mailing Address, City, State & Zip of Candidate

( ) ( )
Telephone Number (Candidate Committees Only)

Aug. 2016 — Election Date

State Senate 17 — Office Sought & Political Subdivision

Republican — Political Party

Support — 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 affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION
DEC 18 2012
HAND DELIVERED

Form must be completed in full & contain original signature(s), fax filings are not accepted.