



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

Office Use:

DL

Statement of Committee Organization

1. Statement Information

Date: 01/20/2013

Type: New Amended (if amending, enter MEC ID C071012 & section changed 2,3,6)

2. Committee Information

Kander for Missouri

Name of Committee

PO Box 7003, Columbia, MO 65205

Committee Mailing Address, City, State, & Zip

(816) 226-8920

Telephone Number

Of

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Amy Gunn

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

17 Larkdale Drive, St. Louis, MO 63124

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

(314) 475-3224

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Diana Kander

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

1300 Meadow Lake Terrace, Kansas City, MO 64114

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

(816) 268-6169

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)

Jason Kander 1300 Meadow Lake Terrace, KC MO 64114 (816) 226-8920

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

08/02/2016

Election Date

Secretary of State

Office Sought & Political Subdivision

Democratic

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)