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

Statement of Committee Organization

Office Use:

1. Statement Information

Date: 4.7.14

Type: ☒ New ☐ Amended (if amending, enter MEC ID C141214 & section changed _____)

2. Committee Information

Airick Leonard West PAC 8W
Name of Committee

3239 Wabash, KCMO 64109
Committee Mailing Address, City, State, & Zip

(913) 481.7779
Telephone Number

Official Committee Email Address

KCEB
County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Airick West
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

3239 Wabash, KCMO 64109
Treasurer's Mailing Address, City, State, & Zip

(913) 481.7779
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 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

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

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

( ) ( )
Telephone Number (Candidate Committees Only)

X

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 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
APR 10 2014

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