



Office Use: [Handwritten mark]

Statement of Committee Organization

1. Statement Information

Date: Sept. 3, 2014

Type: [X] New [] Amended (if amending, enter MEC ID C141518 & section changed)

2. Committee Information

Moderates for Missouri

Name of Committee

323 Emanuel Cleaver II Blvd., #7E, Kansas City, MO 64112

(816) 872-8025

Committee Mailing Address, City, State, & Zip

Telephone Number

Kansas City Bd. of Elec. Comm'rs

County Clerk or Board of Election Commissioners

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Edward Keenan

Treasurer's Name (First & Last)

323 Cleaver Blvd., #7E, KCMO 64112

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

Treasurer's Email Address (optional)

(816) 872-8025

Treasurer's Home Telephone Number

(816) 872-8025

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)

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)

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)

[X] 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.

[Handwritten Signature]

Committee Treasurer

Candidate (Candidate Committees Only)