



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

Office Use: fjs

Statement of Committee Organization

1. Statement Information

Date: 2.20.2015

Type: New Amended (if amending, enter MEC ID C151056 & section changed _____)

2. Committee Information

Stalder's Committee To Make KC EPIC

Name of Committee

4419 Sunrise Dr

(816) 645-4029

Telephone Number

Official Committee Email Address

Mary Jo Spino

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Jerry W. Potocnik

Treasurer's Name (First & Last)

1200 NW South Outer Road, Blue Springs, MO 64015

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

Treasurer's Email Address (optional)

(816) 200-6183

Treasurer's Home Telephone Number

(816) 224-3133

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)

Bryan Stalder, Kansas City, MO 64123

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

(816) 645-4029

Telephone Number (Candidate Committees Only)

04.07.2015

Election Date

City Council; 4th District At Large

Office Sought & Political Subdivision

N/A

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.

[Signature]

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)