



Office Use: BB JS

# Statement of Committee Organization

**1. Statement Information**

Date: 03/16/2015

Type:  New  Amended (if amending, enter MEC ID C151066 & section changed \_\_\_\_\_)

**2. Committee Information**

Raise Your Hand for Kids

Name of Committee

6821 Rockhill Rd Kansas City, MO 64113

(913) 568-4529

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

Jackson County Clerk

County Clerk or Board of Election Commissioners

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

**3. Treasurer/Deputy Treasurer Information**

Erin Brower

Treasurer's Name (First & Last)

6821 Rockhill Rd Kansas City, MO 64113

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

Treasurer's Email Address (optional)

( )  
Treasurer's Home Telephone Number

(913) 568-4529

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**

MISSOURI ETHICS COMMISSION

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

MAR 17 2015

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

HAND DELIVERED

**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)**

Tobacco tax for early childhood health & education

Name of Ballot Measure

11/08/2016

Election Date & Political Subdivision

Support

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.

Erin Brower

Committee Treasurer

Candidate (Candidate Committees Only)