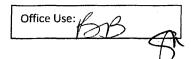


Packet (Rev. 11/2014)

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



## **Statement of Committee Organization**

1.	Statement Information  Date: 3-10-15	& section changed)		
	Type: New Amended (if amending, enter MEC ID			
2.	Committee Information			
	ImPAC KC	,		
	Name of Committee		<del></del>	
	PO Box 410802, KCMO 64141		(816) 287-1935	
	The Address of the Art	VC Floation Doord	Telephone Number	
	Official Committee Email Address	KC Election Board  County Clerk or Board of Election Commissio	norr	
		· <u>-</u>		
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Pa			
3.	Treasurer/Deputy Treasurer Information			
	Theresa Garza		•	
	Treasurer's Name (First & Last)	rreasurer s chian Address (optional)		
	PO Box 410802, KCMO 64141	(816) 365-6174	()	
	Treasurer's Mailing Address, City, State, & Zip	Tensturade Home Talanhone Number	Treasurer's Work Telephone Number	
	Monica Curls			
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
	5618 E. 26th St, KCMO 64127 Deputy Treasurer's Mailing Address, City, State: & Zip	(816) 214-5143  Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
	Deputy Treasurer's Walling Address, City, State, & Zip	Dep. Treasurer's nome rereptione Number	bep. Treasurer's work relephone 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 b	ack) No	
5.	Official Bank Account Information (required by all committees)			
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name		
5				
υ.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)		
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	( <u>)</u>	
	Name a maning radies, city, state a 21p or carriable.	relephone Number (canadate committees o	•••	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
_				
/.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
3.	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 a surther acknowledge that I am aware that any false statement or declaration made herein is punishable under			te. true. and accurate. I	
The VOM -				
· .	Committee Treasurer	Candidate (Candidate Committees Only)		
10	10 300-1308 Form must be completed in full & contain original signature(s), fax filings are not accepted.			