



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

Office Use: BB g

Statement of Committee Organization

1. Statement Information

Date: 3/31/2015
 Type: New Amended (if amending, enter MEC ID C071012 & section changed 2, 3, 6)

2. Committee Information

Kander for Missouri
 Name of Committee
905 A Aly, #1, Columbia, MO 65201
 Committee Mailing Address, City, State, & Zip
(573) 200-6775
 Telephone Number
Boone County
 Official Committee Chair Address
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Abe Rakov
 Treasurer's Name (First & Last)
905 A Aly, #1, Columbia, MO 65201
 Treasurer's Mailing Address, City, State, & Zip
(573) 200-6775
 Treasurer's Home Telephone Number
(573) 639-7045
 Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Home Telephone Number
 Deputy Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 Additional Committee Officers 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 of Financial Institution
 Account Name
 Account Number

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

Jason Kander, PO Box 548, Columbia, MO 65205
 Name & Mailing Address, City, State & Zip of Candidate
8/6/2024
 Election Date
Statewide Office
 Office Sought & Political Subdivision
(573) 442-9007
 Telephone Number (Candidate Committees Only)
Democratic
 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)

MISSOURI ETHICS COMMISSION