



Office Use: *BB*

Missouri Ethics Commission
 JUN 29 2015

Statement of Committee Organization

1. Statement Information

Date: June 24, 2015
 Type: New Amended (if amending, enter MEC ID C151116 & section changed _____)

2. Committee Information

Drape for House

Name of Committee
827 W. 121st Street, Kansas City, Missouri, 64145 Telephone Number (816) 941-8386
Committee Mailing Address: City, State, & Zip Telephone Number

Jackson County Board of Election Commission
County Clerk or Board of Election Commissioners

Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Greg Redmond
 Treasurer's Name (First & Last)
11801 Glen Arbor Terrace, KCMO 64114
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
913 963-4883
 Treasurer's Home Telephone Number _____ 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)

Mary Ann Drape, 827 W. 121st Street, KCMO Telephone Number (Candidate Committees Only) 816 941-8386 816 726-6768
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
November 2, 2016 State Representative Democrat Support
Election Date Office Sought & Political Subdivision Political Party Support or Oppose
ME 8-2-16 Dist 36

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] *[Signature]*
Committee Treasurer Candidate (Candidate Committees Only)