



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

Office Use: DE

Statement of Committee Organization

1. Statement Information

Date: Sep. 3, 2015
 Type: New Amended (if amending, enter MEC ID C151170 & section changed _____)

2. Committee Information

Missourians for Accountability and Ethics
 Name of Committee
524 Walnut, Ste. 300 (816) 872-8025
 Committee Mailing Address Telephone Number
Kansas City Bd. of Elec. Comm'rs
 Official Committee Email Address County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Edward Keenan
 Treasurer's Name (First & Last)
524 Walnut, Ste. 300, Kansas City, MO 64106
 Treasurer's Mailing Address, City, State, & Zip
(816) 872-8025 (816) 809-2100
 Treasurer's Home Telephone Number 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

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)

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)

IBA-Campaign Finance and Ethics Reform IBA 11-8-16 Support
 Name of Ballot Measure Election Date & Political Subdivision Support or Oppose
Statewide

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 Candidate (Candidate Committees Only)