



Office Use: BB 92

Statement of Committee Organization

1. Statement Information

Date: 2/26/16
 Type: New Amended (if amending, enter MEC ID C161068 & section changed _____)

2. Committee Information

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 Name of Committee: JAYS ^{ear, 29 en} FOR CLAY County
 Committee Mailing Address, City, State, & Zip: P.O. BOX 165373 N. KANSAS CITY MO 64116
 Telephone Number: (816) 569-1551
 County Clerk or Board of Election Commissioners: CLAY County
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Valerie Swearingen
 Treasurer's Mailing Address, City, State, & Zip: P.O. BOX 165373 MO 64116
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (816) 569-1551
 Treasurer's Work Telephone Number: (816) 569-1551
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 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: _____
 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: JAY SWearingen, P.O. BOX 165373, NKC, MO 64116
 Telephone Number (Candidate Committees Only): (816) 569-1551
 Election Date: 8/2/16
 Office Sought & Political Subdivision: CLAY Co. Commissioner
 Political Party: Democrat
 Support or Oppose: Support

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.

Committee Treasurer: Valerie Swearingen
 Candidate (Candidate Committees Only): [Signature]