



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

Office Use: BB 81

Statement of Committee Organization

1. Statement Information

Date: 3/28/16
 Type: New Amended (if amending, enter MEC ID C161119 & section changed _____)

2. Committee Information

Name of Committee: Campaign for Children, Youth, and Families
 Committee Mailing Address, City, State, & Zip: 590 West 40th Street, Kansas City, MO 64111
 Telephone Number: (262) 412-1231
 County Clerk or Board of Election Commissioners: Jackson

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Laura Loyacono
 Treasurer's Mailing Address, City, State, & Zip: 6707 Oak St Kansas City MO 64113
 Treasurer's Home Telephone Number: (816) 665 3823
 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)

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)

Name of Ballot Measure: Message of Children's Services Fund
 Election Date & Political Subdivision: Jackson City Clayton Support 11-8-16 Election
 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: [Signature]
 Candidate (Candidate Committees Only): _____