



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

Office Use *FOR* *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: August 31, 2016
 Type: New Amended (if amending, enter MEC ID C161120 & section changed 2,3)

2. Committee Information

CITIZENS FOR SEAN POUCHE
 Name of Committee
PO BOX 901191, KANSAS CITY, MO 64190-1191
 Committee Mailing Address, City, State, & Zip
(816) 805-9200
 Telephone Number
Platte County Board of Elections
 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

Fred Pouche
 Treasurer's Name (First & Last)
10015 NW Mirror Lake Dr. Kansas City, MO 64152
 Treasurer's Mailing Address, City, State, & Zip
(816) 805-9200
 Treasurer's Home 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

AMENDMENT
 Additional Committee Officer's Name (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)

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
 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: Fred Pouche]
 Committee Treasurer

[Signature: Sean Pouche]
 Candidate (Candidate Committees Only)