



Office Use: BB JA

Statement of Committee Organization

1. Statement Information

Date: 8/25/16
 Type: New Amended (if amending, enter MEC ID C111101 & section changed Treasurer)

2. Committee Information

Name of Committee: Ray County Republican Central Committee
 Committee Mailing Address, City, State, & Zip: c/o Kit Smith, 15941 Highway Y, Excelsior Springs, MO 64024 Telephone Number: _____
 Official Committee Email Address: _____ County Clerk of Board of Election Commissioners: Ray County
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Susan Edwards
 Treasurer's Mailing Address, City, State, & Zip: 16404 King Rd. Lawson, MO 64062 Treasurer's Home Telephone Number: (816) 835-1680 Treasurer's Work Telephone Number: () n/a
 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, & Office: AMENDMENT 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: _____ 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.

Susan T. Edwards
 Committee Treasurer Candidate (Candidate Committees Only)