



Office Use Bb ql

Statement of Committee Organization

1. Statement Information

Date: 08/31/16
 Type: New Amended (if amending, enter MEC ID AKC1512 & section changed _____)

2. Committee Information

Name of Committee: Friends of Manny Abarca for Missouri
 Committee Mailing Address, City, State, & Zip: 1200 NW South Outer Road, Blue Springs, MO 64015 Telephone Number: (816) 499-1155
 Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: Kansas City
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Jerry Potocnik
 Treasurer's Mailing Address, City, State, & Zip: 1200 NW South Outer Road, Blue Springs, MO 64015 Treasurer's Home Telephone Number: (816) 200-6183 Treasurer's Work Telephone Number: (816) 224-3133
 Deputy Treasurer's Name (if one appointed): Richard Cain
 Deputy Treasurer's Mailing Address, City, State, & Zip: 616 NE Hans Drive, Blue Springs, MO 64014 Dep. Treasurer's Home Telephone Number: (816) 912-7541 Dep. Treasurer's Work Telephone Number: (816) 278-1220

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): None
 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: Manny Abarca, 420 N. Drury Ave., Kansas City, MO 64123 Telephone Number (Candidate Committees Only): (816) 499-1155
 Election Date: 08/10/2018 Office Sought & Political Subdivision: 12th Ward Committeeman, City of Kansas City 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: [Signature] Candidate (Candidate Committees Only): [Signature]