



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

MISSOURI ETHICS COMMISSION

Office Use:

SEP 12 2016

*Handwritten initials and date*

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 09/12/2016

Type:  New  Amended (if amending, enter MEC ID C161337 & section changed \_\_\_\_\_)

2. Committee Information

Kansas City Missouri Republican Senate PAC

Name of Committee

PO Box 144 Jefferson City, MO 65102

Committee Mailing Address, City, State, & Zip

(573) 635-6196

Telephone Number

Cole County

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

Ron Richard

Treasurer's Name (First & Last)

408 East 32nd St. Joplin, MO 64804

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

( ) \_\_\_\_\_  
 Treasurer's Home Telephone Number

(417) 623-0022

Treasurer's Work Telephone Number

John Sheehan

Deputy Treasurer's Name (if one appointed)

3220 West Edgewood Ste E Jefferson City, MO 65109

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

( ) \_\_\_\_\_  
 Dep. Treasurer's Home Telephone Number

(573) 635-6196

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

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.

*Handwritten signature of John Sheehan*  
 \_\_\_\_\_  
 Committee Treasurer

\_\_\_\_\_  
 Candidate (Candidate Committees Only)