



Office Use: BB JL

# Statement of Committee Organization

**1. Statement Information**

Date: 8/28/2016  
 Type:  New  Amended (if amending, enter MEC ID C041029 & section changed 2, & 6)

**2. Committee Information**

**Citizens for Will Kraus**  
 Name of Committee  
612 SW Trailpark Circle Lee's Summit, MO 64081  
 Committee Mailing Address, City, State, & Zip (816) 305-0712  
Telephone Number

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

**3. Treasurer/Deputy Treasurer Information**

Curtis L. Morrison  
 Treasurer's Name (First & Last)  
203 N.W. Frankfort St.  
 Treasurer's Mailing Address, City, State, & Zip (816) 305-3566  
Treasurer's Home Telephone Number  
Lee's Summit, Mo. 64081  
 Deputy Treasurer's Name (if one appointed) (816) 305-3566  
Treasurer's Work Telephone Number  
 Deputy Treasurer's Mailing Address, City, State, & Zip N/A  
Deputy Treasurer's Email Address (optional)  
 Deputy Treasurer's Home Telephone Number ( )  
Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any): AMENDMENT  
 Connected Organization's Name (if any): AMENDMENT

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)**

Will Kraus 612 SW Trailpark Cir. Lee's Summit, MO 64081  
 Name & Mailing Address, City, State, & Zip of Candidate (816) 305-0712  
Telephone Number (Candidate Committees Only)  
8/4/2020 Statewide office Republican Support  
 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.  
Curtis L. Morrison Will Kraus  
 Committee Treasurer Candidate (Candidate Committees Only)