



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

Office Use: Bob De

# Statement of Committee Organization

## 1. Statement Information

Date: 09/22/2016

Type:  New  Amended (if amending, enter MEC ID C101065 & section changed 3)

## 2. Committee Information

Delus Johnson for Missouri

Name of Committee

20480 County Road 380

Committee Mailing Address, City, State, & Zip

(816) 390-2267

Telephone Number

Official Committee Email Address

Sarah Miller

County Clerk or Board of Election Commissioners

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

## 3. Treasurer/Deputy Treasurer Information

Johnson Tara

Treasurer's Name (First & Last)

20480 County Road 380

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

(Deputy treasurer will now serve as treasurer)

Deputy Treasurer's Name (if one appointed)

Treasurer's Email Address (optional)

(816) 752-8272

Treasurer's Home Telephone Number

( )

Treasurer's Work Telephone Number

Deputy Treasurer's Email Address (optional)

( )

Dep. Treasurer's Home Telephone Number

( )

Dep. Treasurer's Work Telephone Number

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

## 4. Additional Committee Information

Additional Committee Officer's Name (if any)

**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)

Delus Johnson

Name & Mailing Address, City, State & Zip of Candidate

(816) 390-2267

Telephone Number (Candidate Committees Only)

11-8-2016

Election Date

District 9 State Representative

Office Sought & Political Subdivision

Republican

Political Party

Support

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]  
 Committee Treasurer

[Signature]  
 Candidate (Candidate Committees Only)