



Office Use: [Signature]

Statement of Committee Organization

1. Statement Information

Date: 9-9-2016
Type: [X] New [ ] Amended (if amending, enter MEC ID C161346 & section changed)

2. Committee Information

Name of Committee: Platte County Federated Women's Democratic Club

Committee Mailing Address, City, State, & Zip: 6802 N Fisk Ave. Kansas City, MO 64151
Telephone Number: (816) 587-6073

Platte County Board of Elections
County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Alice Wadsworth
Treasurer's Email:

Treasurer's Mailing Address, City, State, & Zip: 7900 N Congress Ave KC MO 64152
Treasurer's Home Telephone Number: (816) 741-2220
Treasurer's Work Telephone Number: Same

Deputy Treasurer's Name (if one appointed): NA
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 (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) [X] 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: Democrats
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)

[X] 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: Alice Wadsworth
Candidate (Candidate Committees Only):