



Office Use: BB SA

Statement of Committee Organization

1. Statement Information

Date: 10/4/2016
 Type: New Amended (if amending, enter MEC ID C000986 & section changed 3)

2. Committee Information

Jackson County Republican Committee
 Name of Committee
525 NW Highcliffe Ct (816) 246-9730
 Committee Mailing Address, City, State, & Zip Telephone Number
Lee's Summit, MO 64081
 Official Committee Email Address Republican Director of Jackson County
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Bob Gough
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
525 NW Highcliffe Ct (816) 246-9730 () NA
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Job Howen
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)
1527 E Hayward Ave, Independence, MO 64050 (816) 836-0830 (913) 225-4029
 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) **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)

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)

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.
Bob Gough Robert H Gough
 Committee Treasurer Candidate (Candidate Committees Only)