



Office Use: **OCT 18 2016** *gcs*

# Statement of Committee Organization

**1. Statement Information**

Date: 10/14/06  
 Type:  New  Amended (if amending, enter MEC ID C161356 & section changed \_\_\_\_\_)

**2. Committee Information**

**Voter Fact Check**

Name of Committee \_\_\_\_\_  
PO Box 51 Smithville, MO 64089 \_\_\_\_\_  
Committee Mailing Address, City, State, & Zip Telephone Number

Clay County  
County Clerk or Board of Election Commissioners

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

**3. Treasurer/Deputy Treasurer Information**

Alexus Walter  
Treasurer's Name (First & Last)  
PO Box 51 Smithville, MO 64089  
Treasurer's Mailing Address, City, State, & Zip

\_\_\_\_\_  
Treasurer's Email Address (optional)  
(816) 9359717 \_\_\_\_\_  
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

\_\_\_\_\_  
Deputy Treasurer's Name (if one appointed)  
 \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip

\_\_\_\_\_  
Deputy Treasurer's Email Address (optional)  
 \_\_\_\_\_  
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)  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.

Alexus P. Walter  
Committee Treasurer      \_\_\_\_\_  
Candidate (Candidate Committees Only)