



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

Missouri Ethics Commission
 Office Recd
 10 OCT 21 2016

Statement of Committee Organization

JA

1. Statement Information

Date: 10-17-16
 Type: New Amended (if amending, enter MEC ID ~~161360~~ C161360 & section changed _____)

2. Committee Information

Name of Committee: CITIZENS FOR DRAPER
 Committee Mailing Address, City, State, & Zip: 1620 SE ABBEY ST, BLUE SPRINGS MO 64014 Telephone Number: (816) 304-4402

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): RAYMOND DRAPER Treasurer's Email Address (optional) _____
 Treasurer's Mailing Address, City, State, & Zip: 1620 SE ABBEY ST Treasurer's Home Telephone Number: (816) 304-4402 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____ 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) 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: RAYMOND DRAPER 1620 SE ABBEY ST BSMO 64014 Telephone Number (Candidate Committees Only): (816) 304-4402
 Election Date: 11-08-16 Office Sought & Political Subdivision: SHERIFF Political Party: REPUBLICAN Support or Oppose: SUPPORT

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.

Committee Treasurer: *[Signature]* Candidate (Candidate Committees Only): *[Signature]*