



Office of the  
 JOP  
 OCT 25 2016  
 JCH

**Statement of Committee Organization**

**1. Statement Information**

Date: 10/21/16

Type:  New  Amended (if amending, enter MEC ID C161362 & section changed \_\_\_\_\_)

**2. Committee Information**

**Lee's Summit Citizens for Responsible Government**

Name of Committee

10704 NE Blackwell Road, Lee's Summit, MO 64086

(816) 914-5564

Committee Mailing Address, City, State, & Zip

Telephone Number

Jackson County Election Board

County Clerk or Board of Election Commissioners

Official Committee Email Address \_\_\_\_\_

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

**3. Treasurer/Deputy Treasurer Information**

**Aaron Cochran**

Treasurer's Name (First & Last)

10704 NE Blackwell Rd., Lee's Summit, MO 64086

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

(816) 914-5564

Treasurer's Home Telephone Number

(816) 488-3303

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

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.

Committee Treasurer

Candidate (Candidate Committees Only)