



Statement of Committee Organization

JCS

1. Statement Information

Date: 10-20-2016
 Type: New Amended (if amending, enter MEC ID C161363 & section changed _____)

2. Committee Information

V.O.T.E. Progress
 Name of Committee
606 SW 3rd Street, Lees Summit, MO 64063 (816) 401-7859
 Committee Mailing Address, City, State, & Zip Telephone Number
Jackson
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Joseph Spallo
 Treasurer's Name (First & Last)
606 SW 3rd St, Lees Summit, MO 64063
 Treasurer's Mailing Address, City, State, & Zip
John Vaca
 Deputy Treasurer's Name (if one appointed)
1010 W 39th St, Kansas City, MO 64111
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(816) 401-7859 (816) 401-7859
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional) _____
(816) 421-5885 (816) 421-5885
 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)

Name & Address _____ 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.

Joseph Spallo
 Committee Treasurer Candidate (Candidate Committees Only)