



Missouri Ethics Commission
 File Use:
 NOV 01 2016

Statement of Committee Organization

1. Statement Information

Date: 01162016

Type: New Amended (if amending, enter MEC ID C141317 & section changed 3)

2. Committee Information

Lucas For KC

Name of Committee

1851 Paseo Blvd Apt 412 Kansas City, MO 64108

(816) 679-1662

Telephone Number

Official Committee Email Address

Kansas City Board of Election Commissioners

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Quinton Lucas

Treasurer's Name (First & Last)

1851 Paseo Blvd Apt 412 Kansas City, MO 64108

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

Treasurer's Email Address (optional)

(816) 679-1662

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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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 Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

AMENDMENT

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)

Quinton Lucas, 1851 Paseo Blvd Apt 412 Kansas City, MO 64108

(816) 679-1662

Telephone Number (Candidate Committees Only)

Name & Mailing Address, City, State & Zip of Candidate

04/02/2019

KCMO Council 3rd Dist at large

non-partisan

Support

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 [Signature] (self)

Candidate (Candidate Committees Only) [Signature]