



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

Statement of Committee Organization

C16140

Office Use:
 Missouri Ethics Commission
 DEC 19 2016
 JCA

1. Statement Information

Date: 12/14/2016
 Type: New Amended (if amending, enter MEC ID C161410 & section changed _____)

2. Committee Information

The Government by the People Fund

Name of Committee
15517 East 40th Street South 816 516-4105
 Committee Mailing Address, City, State, & Zip Telephone Number

Jackson County Election Board

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

Doug Shelton
 Treasurer's Name (First & Last)
15403 E. 48th Ter., Kansas City, MO 64136
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(816) 225-5471 (816) 225-5471
 Treasurer's Home Telephone Number 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

Gary Winston Apple, Executive Director 15517 E. 40th St., Independence, MO 64055
 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 & Mailing Address, City, State, & Zip of Financial Institution

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.

Doug Shelton Committee Treasurer _____ Candidate (Candidate Committees Only)