



Statement of Committee Organization

1. Statement Information

Date: 4/19/2017
 Type: New Amended (if amending, enter MEC ID C171120 & section changed _____)

2. Committee Information

Young Guns Missouri PAC
 Name of Committee
 7509 NW Tiffany Springs Prkwy, Suite 300, Kansas City, Missouri 64153 (816) 584-9393
 Committee Mailing Address, City, State, & Zip Telephone Number
 Platte County Board of Election Commissioners
 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

James C. Thomas III
 Treasurer's Name (First & Last)
 7509 NW Tiffany Springs Prkwy, Suite 300, Kansas City, Missouri 64153
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Home Telephone Number () _____ (816) 584-9393
 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)