



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

Office Use MAY 23 2017

Statement of Committee Organization

1. Statement Information

Date: 5-17-17
Type: [X] New [] Amended (if amending, enter MEC ID C171141 & section changed)

2. Committee Information

Ridgely PAC
Name of Committee
1100 Main Street, Suite 2700, Kansas City, MO 64105 (816) 256-3181
Committee Mailing Address, City, State, & Zip Telephone Number
KANSAS CITY BOARD OF ELECTION COMMISSIONERS
County Clerk or Board of Election Commissioners
Committee Type: [] Campaign [] Candidate [X] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Kristen Blanchard Ansley
Treasurer's Name (First & Last)
Post Office Box 26777, Kansas City, MO 64196
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(816) 285-3885 (816) 256-3181
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
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) [X] 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)

[X] 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)