



Missouri Ethics Commission (MEC)
 P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov
Statement of Committee Organization

Missouri Ethics Commission

Office Use
 JUN 05 2017
 171389

1. Statement Information

Date: 05/31/2017
 Type: New Amended (if amending, enter MEC ID C171148 & section changed _____)

2. Committee Information

Vote Jeff Cox
 Name of Committee
PO Box 588 Raymore, MO 64083
 Committee Mailing Address, City, State, & Zip (816) 322-5037
 Telephone Number

Cass County Clerk
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Jeffrey Stevens
 Treasurer's Name (First & Last) (816) 535-7762
 Treasurer's Email Address (optional) Phone 1
1519 Haystack Rd Raymore, MO 64083
 Treasurer's Mailing Address, City, State, & Zip Phone 2

Jeff Cox
 Deputy Treasurer's Name (if one appointed) (816) 322-5037
 Deputy Treasurer's Email Address (optional) Phone 1
723 Seminole Ct Raymore, MO 64083
 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 2

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)

Jeff Cox 723 Seminole Ct Raymore, MO 64083
 Name & Mailing address, City, State, & Zip of Candidate (816) 322-5037
 Phone 1 Phone 2
08/07/2018 Associate Circuit Republican
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose
Judge/Cass County
Circuit 17 Division 5

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.
[Signature] Committee Treasurer [Signature] Candidate (Candidate Committees Only)

De
 per
 note
 5-17