



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

Missouri Ethics Commission  
 JUL 21 2017

# Statement of Committee Organization

## 1. Statement Information

Date: 07/14/2017

Type:  New  Amended (if amending, enter MEC ID C171144 & section changed 2,3,4)

## 2. Committee Information

Missouri Alliance for Freedom - Grace River PAC

Name of Committee

P.O. Box 26777 Kansas City, MO 64196

Committee Mailing Address, City, State, & Zip

(816) 256-3181

Telephone Number

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

Rebekah Cooper

Treasurer's Name (First & Last)

P.O. Box 26777 Kansas City, MO 64196

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

Treasurer's Home Telephone Number

(417) 536-8350

Treasurer's Home Telephone Number

(417) 536-8350

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if 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

**AMENDMENT**

## 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Missouri Alliance for Freedom

Connected Organization's Name (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

7509 NW Tiffany Springs Pkwy Suite 300 Kansas City, MO 64153

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

Account Name

Account Number

## 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.

Rebekah N Cooper  
 Committee Treasurer

Candidate (Candidate Committees Only)