



Missouri Ethics Commission

Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-6660, www.mec.mo.gov

OCT 13 2017

Statement of Committee Organization

Office Use:
1171588 [Signature]

1. Statement Information

Date: 10/01/2017
Type: [X] New [] Amended (if amending, enter MEC ID A 1713 99 & section changed)

2. Committee Information

Friends of Lee Sawyer
Name of Committee
3101 Frederick Avenue St. Joseph, MO 64506 (816) 390-4656
Committee Mailing Address, City, State, & Zip Telephone Number
Buchanan County Clerk
County Clerk or Board of Election Commissioners
Committee Type: [] Campaign [X] Candidate [] Continuing(PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Seth Wright
Treasurer's Name (First & Last)
3101 Frederick Avenue St. Joseph, MO 64506 (816) 390-4656 (816) 271-8064
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
Deputy Treasurer's Email Address (optional)
Phone 1 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) [X] No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Lee Sawyer 2914 N. 39th Terrace St. Joseph, MO 64506 (816) 279-3899 (816) 261-9918
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
11/06/2018 [Signature] Presiding Republican
Election Date Commissioner/Buchanan County Political Party
Office Sought & Political Subdivision 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] 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)