



Statement of Committee Organization

1. Statement Information

Date: 10/20/2017
 Type: New Amended (if amending, enter MEC ID C171144 & section changed 2, 3, 5)

2. Committee Information

Missouri Alliance for Freedom - Grace River PAC

Name of Committee
7509 NW Tiffany Springs Prkwy, Ste 300, Kansas City, MO 64153 (816) 584-9393
Telephone Number

Platte County Board of Election Commissioners
County Clerk or Board of Election Commissioners
 Official Committee Email Address
 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., Ste 300, Kansas City, MO 64153
 Treasurer's Mailing Address, City, State, & Zip
() (816) 584-9393
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
() Amendment
Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

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 Prkwy, 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)

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.

[Signature]
 Committee Treasurer Candidate (Candidate Committees Only)