



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

Official APR 03 2018

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 04/03/2018  
 Type:  New  Amended (if amending, enter MEC ID C091278 & section changed 2, 3, 6)

2. Committee Information

Committee to Elect Nick Marshall  
 Name of Committee  
 PO Box 14235, Parkville, MO 64152 (816) 452-1800  
 Committee Mailing Address, City, State, & Zip Telephone Number  
 Platte County Board of Elections  
 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

Nickolas A. Marshall  
 Treasurer's Name (First & Last)  
 PO Box 14235, Parkville, MO 64152 (816) 729-2022 (816) 452-1800  
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one 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

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

Amendment

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)

Nick Marshall, PO Box 14235, Parkville MO 64152 (816) 452-1800  
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
 08/07/2018 Prosecuting Attorney Platte County Republican Support  
 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.

*Nickolas A. Marshall* Committee Treasurer  
*Nickolas A. Marshall* Candidate (Candidate Committees Only)