



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

Missouri Ethics Commission

Office Use JUN 11 2018

Statement of Committee Organization

1. Statement Information

Date: 6/7/2018
 Type: New Amended (if amending, enter MEC ID C171375 & section changed 2 and 3)

2. Committee Information

Keep Government Accountable

Name of Committee
PO Box 414435, Kansas City, MO 64141 (314) 306-0013
 Committee Mailing Address, City, State, & Zip Telephone Number

Kansas City Board of Elections
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Kevin Gunn

Treasurer's Name (First & Last)
17 Larkdale Dr, St. Louis MO 63124 (314) 306-0013 ()
 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 (if any) Amendment 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)

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.

Kevin D. Gunn _____
 Committee Treasurer Candidate (Candidate Committees Only)