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

Statement of Committee Organization

Office Use:
C264474

1. Statement Information

Date: 11/18/2026

Type: ■ New ☐ Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Lucas for Missouri
Name of Committee

PO Box 413054 Kansas City, MO 64141
Committee Mailing Address, City, State, & Zip

(202) 788-6888
Telephone Number

[REDACTED]
Official Committee Email Address

Jackson County Board of Elections
County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing(PAC) ☐ Debt Service ■ Exploratory ☐ Political Pary

3. Treasurer/Deputy Treasurer Information

Michael Cappo
Treasurer's Name (First & Last)

[REDACTED]
Treasurer's Email Address (optional)

PO Box 413054 Kansas City, MO 64141
Treasurer's Mailing Address, City, State, & Zip

(202) 788-6888
Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

[REDACTED]
Deputy Treasurer's Email Address (optional)

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

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) ☐ No

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

[REDACTED]
Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]
Account Name

[REDACTED]
Account Number

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

Quinton Lucas PO Box 413054 Kansas City, MO 64141
Name & Mailing address, City, State, & Zip of Candidate

(202) 788-6888
Phone 1

Phone 2

08/08/2028
Election Date

Governor/Office of the Governor
Office Sought & Political Subdivision

Democrat
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)

■ 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.

ELECTRONICALLY FILED Nov 18 2026 06:17 PM
Committee Treasurer

ELECTRONICALLY FILED Nov 18 2026 06:17 PM
Candidate (Candidate Committees Only)