



Office Use: BB JR

# Statement of Committee Organization

## 1. Statement Information

Date: March 9, 2012  
 Type:  New  Amended (if amending, enter MEC ID C121045 & section changed (3, 7))

## 2. Committee Information

Name of Committee: TeachGreat.org  
 Committee Mailing Address, City, State, & Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Official Committee Email Address: \_\_\_\_\_ County Clerk or Board of Election Commissioners: \_\_\_\_\_  
 Committee Type:  Campaign  Candidate  Debt Service  Exploratory  Political Action (PAC)  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): \_\_\_\_\_ Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip: Kevin McCoy 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: 5297 Washington Pl., St. Louis, MO 63108 Dep. Treasurer's Home Telephone Number: \_\_\_\_\_ Dep. Treasurer's Work Telephone Number: (314) 367-2842

## 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)

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: \_\_\_\_\_

**AMENDMENT**

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Constitutional Amendment to Art. IX, Relating to Teachers and Certificated Staff, 2012-138 Nov. 6, 2012 Support  
 Name of Ballot Measure: \_\_\_\_\_ Election Date & Political Subdivision: \_\_\_\_\_ Support or Oppose: \_\_\_\_\_

## 8. Signature(s) Check certification(s) & sign (required by all committees)

I/We certify that this statement is complete, true and accurate.  
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.  
 Missouri Ethics Commission  
 Committee Treasurer: Terry J. Brady Candidate (Candidate Committees Only): \_\_\_\_\_  
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