



Office Use: bb sw

Statement of Committee Organization

1. Statement Information

Date: May 8, 2014

Type: New Amended (if amending, enter MEC ID C141331 & section changed _____)

2. Committee Information

SMARTKC

Name of Committee

406 West 39th Terrace, Kansas City, MO 64111-2911

(816) 753-5922
Telephone Number

Kansas City 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

Sherry DeJanes

Treasurer's Name (First & Last)

406 West 39th Terrace, KCMO 64111

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

Treasurer's Email Address (optional) _____

(816) 333-2984

Treasurer's Home Telephone Number

(816) 753-5922

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed) _____

Deputy Treasurer's Email Address (optional) _____

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

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

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 _____

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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)

Whether or not to establish the K.C. Urban Rail TDD

8/5/2014 Proposed KC Urban Rail TDD

OPPOSE

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.

Sherry DeJanes
Committee Treasurer

Candidate (Candidate Committees Only)