



SEP 13 2016

Statement of Committee Organization

1. Statement Information

Date: 9/9/16  
 Type:  New  Amended (if amending, enter MECID C161339 & section changed \_\_\_\_\_)

2. Committee Information

Name of Committee: Truth in Campaigns  
 Committee Mailing Address, City, State, & Zip: 6922 N. Hardesty Ave KC MO 64119 Telephone Number: (816) 210.3897  
 County Clerk or Board of Election Commissioner: CLAY CO - Megan Thompson  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Michael Marge Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip: 6922 N. Hardesty Ave KC MO 64119 Treasurer's Home Telephone Number: (816) 210 3897 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: \_\_\_\_\_

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 & Mail: \_\_\_\_\_

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: _____
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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 FSMo.

Committee Treasurer: [Signature] Candidate (Candidate Committees Only): \_\_\_\_\_