



Office Use: SA

Statement of Committee Organization

1. Statement Information

Date: 9/15/16
 Type: New Amended (if amending, enter MEC ID C000355 & section changed Treasurer)

2. Committee Information

Name of Committee: Taxpayers In Support of Public Education
 Committee Mailing Address, City, State, & Zip: 4224 S Hoeker Drive Ste 180 Independence MO 64055
 Telephone Number: 644-9608

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Sandy Smith
 Treasurer's Mailing Address, City, State, & Zip: 810 Southern Air J.C. MO 65109
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: 573-680-1376
 Treasurer's Work Telephone Number: 573-634-3202

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): 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.

Sandy K Smith
 Committee Treasurer

 Candidate (Candidate Committees Only) MISSOURI ETHICS COMMISSION

SEP 15 2016

HAND DELIVERED