



Office Use: SL

# Statement of Committee Organization

**1. Statement Information**

Date: 9/15/16  
 Type:  New  Amended (if amending, enter MEC ID. ~~000000~~ COLO996 & section changed Treasurer)

**2. Committee Information**

Name of Committee: Educators Support Public Education  
 Committee Mailing Address, City, State, & Zip: 955 Gardenvue Office Pkwy, St. Louis MO 63141  
 Telephone Number: 573 644-9608  
 County Clerk or Board of Election Commissioners: St. Louis County  
 Official Committee Email Address: \_\_\_\_\_  
 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 Email Address (optional): sandy.smith@mnea.org  
 Treasurer's Mailing Address, City, State, & Zip: 810 Southern Air Dr. C. MO. 65109  
 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 and 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

MISSOURI ETHICS COMMISSION  
 Candidate (Candidate Committees Only)