



OCT 27 2016

Statement of Committee Organization

1. Statement Information

Date: 10-25-2016
 Type: New Amended (if amending, enter MEC ID C121346 & section changed 3)

2. Committee Information

Old
 1-1-16
 je

Name of Committee: Stand up Northland
 Committee Mailing Address, City, State, & Zip: PO BOX 51 Smithville MO 64089
 Telephone Number: (816) 935-9717

County Clerk or Spend of Election Commissioners: Clay City BOE

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Alexis WALTER
 Treasurer's Mailing Address, City, State, & Zip: PO BOX 51 Smithville MO 64089
 Treasurer's Home Telephone Number: (816) 935-9717 cell
 Treasurer's Work Telephone Number: ()
 Deputy Treasurer's Name (if one appointed): N/A per Mary Stamberger
 Deputy Treasurer's Mailing Address, City, State, & Zip: 10/31/2016 st
 Deputy Treasurer's Home Telephone Number: ()
 Deputy 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)

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.

Signature: Alexis R. Walter
 Committee Treasurer: _____
 Candidate (Candidate Committees Only): _____