

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) ☐ Party Committee ☒ Political Action Committee
 This is an (check one) ☐ Initial Statement ☒ Amended Statement

FILED

JUN 27 2016

KRIS W. KOBACH
 SECRETARY OF STATE

COMMITTEE

(PLEASE TYPE OR PRINT)

Name Political Action Committee De Soto Teachers' Association
 Mailing Address (Street, City, State, Zip Code) 35200 W 91st ST, DE SOTO KS 66018
 Business Telephone ()

CHAIRPERSON

Name Amy Reif Home Telephone (785) 393-9312
 Mailing Address (Street, City, State, Zip Code) 784 E 1400 RD Lawrence KS 66046
 Business Telephone ()

TREASURER

Name Amy Reif Home Telephone (785) 393-9312
 Mailing Address (Street, City, State, Zip Code) 784 E 1400 RD Lawrence KS 66046
 Business Telephone ()

AFFILIATED OR CONNECTED ORGANIZATIONS

Name Kansas National Education Association
 Mailing Address (Street, City, State, Zip Code) 715 SW 10 AVE TOPEKA KS 66612

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

6/22/16
 (Date)

Amy Reif
 (Signature of Chairperson)

[Print this form](#) or [Go Back](#)



**Campaign Finance
Statement of Organization
For Political Action Committees
And Party Committees**

Governmental Ethics Commission
109 W. 9th, Suite 504
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
www.kansas.gov/ethics

This is a (Check one) : ☐ Party Committee ☒ PAC

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Committee Name: **Political Action Committe De Soto Teachers' Association**
Address: **35200 W 91 ST**
Address2:
City: **De Soto** State: **KS** Zip: **66018**
Business Phone:
Email Address:

Chairperson Name: **Cheron Tiffany**
Address: **18364 W 154 ST**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: **(913) 780-2793** Business Phone:
Email Address: **cherontiffany@gmail.com**

Treasurer Name: **Cheron Tiffany**
Address: **18364 W 154 ST**
Address2:
City: **Olathe** State: **KS** Zip: **66062**
Home Telephone: Business Phone:
Email Address: **cherontiffany@gmail.com**

**Affiliated or
Connected
Organizations** Name: **Kansas National Education Association**
Address: **715 SW 10 Ave**
Address2:
City: **Topeka** State: **KS** Zip: **66612**

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **11/19/2015 2:36:20 PM** Signature of Chairperson: **Cheron Tiffany**

[Print this form](#) or [Go Back](#)

STATEMENT OF ORGANIZATION

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES

(See Reverse Side For Instructions)

This is a (check one) ☐ Party Committee ☒ Political Action Committee
This is an (check one) ☐ Initial Statement ☐ Amended Statement



COMMITTEE

(PLEASE TYPE OR PRINT)

Name Political Action Committee De Soto Teachers' Association

Mailing Address (Street, City, State, Zip Code)
35200 W 91st St De Soto KS 66018

Business Telephone
(913) 667-6250

CHAIRPERSON

Name
Cheron Tiffany

Home Telephone
(913-) 780-2793

Mailing Address (Street, City, State, Zip Code)
18364 W 154 St Olathe KS 66062

Business Telephone
(913) 667-6250

TREASURER

Name
Cheron Tiffany

Home Telephone
(913) 780-2793

Mailing Address (Street, City, State, Zip Code)
18364 W 154 St Olathe KS 66062

Business Telephone
(913) 667-6250

AFFILIATED OR CONNECTED ORGANIZATIONS

Name
kansas NEA

Mailing Address (Street, City, State, Zip Code)
715 SW 10th Ave. Topeka, KS 66612

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

6-19-15
(Date)

Cheron Tiffany
(Signature of Chairperson)