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This is a (check one)	<input type="checkbox"/> Party Committee	<input checked="" type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

KS Governmental Ethics Commission

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	Cheron Tiffany	Home Telephone (913) 780-2793
Mailing Address (Street, City, State, Zip Code)	18364 W 154 St, OLATHE, KS 66062	Business Telephone ()

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 ()

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."

6/20/17
(Date)

Cheron Tiffany
(Signature of Chairperson)