



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

AUG 20 2021

HAND DELIVERED

1. Statement Information

Date: 8-16-2021
Type: [X] New [ ] Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

2. Committee Information

Taxpayers for Accountability

Name of Committee
2208 Missouri Blvd. Ste 102 #187, Jefferson City, MO 65109 (314) 805-3357
Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address COLE
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [ ] Campaign [ ] Candidate [X] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

Sherri Talbott
Treasurer's Name (First & Last)
6113 Queens Ct, House Springs, MO 63051
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(314) 805-3357
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Email Address (optional)
( )
Dep. Treasurer's Home Telephone Number Dep. 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

AMENDMENT

CANDIDATES: Do you have more than one candidate committee? [ ] Yes (refer to instructions on back) [X] No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution 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)

[X] 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.

Sherri A. Talbott
Committee Treasurer Candidate (Candidate Committees Only)