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Political Organization Report of Contributions and Expenditures

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

A For the period beginning JULY 1, 2000 and ending SEPTEMBER 30, 2000

B Check applicable boxes: Initial report Change of address Amended report Final report

1 Name of organization TAXPAYERS IN SUPPORT OF PUBLIC EDUCATION Employer identification number APPLIED FOR

2 Mailing address (P.O. Box or number, street, and room or suite number)
824 NE EMILY LANE 91-2080861

City or town, state, and ZIP code
LEE'S SUMMIT, MO 64086

3 E-mail address of organization janzil@aol.com 4 Date organization was formed
SEPT 23, 1998

5a Name of custodian of records JANE GIBLER 5b Custodian's address
824 NE EMILY LANE
LEE'S SUMMIT, MO 64086

6a Name of contact person JANE GIBLER 6b Contact person's address
824 NE EMILY LANE
LEE'S SUMMIT, MO 64086

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
City or town, state, and ZIP code

- 8 Type of report (check only one box)
- a First quarterly report (due by April 15)
 - b Second quarterly report (due by July 15)
 - c Third quarterly report (due by October 15)
 - d Year-end report (due by January 31)
 - e Mid-year report (Non-election year only - due by July 31)
 - f Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)
 - g Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____
 - h Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

<u>OCT 20 2000</u>		
9	Total amount of reported contributions (total from all attached Schedules A)	0.00
10	Total amount of reported expenditures (total from all attached Schedules B)	930.73

Sign Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of authorized official: Jane Gibler Date: 10-16-00

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Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization TAXPAYERS IN SUPPORT OF PUBLIC EDUCATION		Employer identification number APPLIED FOR
Contributor's name, mailing address and ZIP code NONE TO REPORT	Name of contributor's employer	Amount of contributions reported for this period \$ 0.00
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period \$
	Contributor's occupation	
	Aggregate contributions year-to-date ▶ \$	
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872		\$ 0.00

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization TAXPAYERS IN SUPPORT OF PUBLIC EDUCATION		Employer identification number APPLIED FOR
Recipient's name, mailing address and ZIP code VISIONS COMMUNICATIONS 102 EAST HIGH, STE 200 P.O. BOX 444 JEFFERSON CITY, MO 65102	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$ 930.73
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Recipient's name, mailing address and ZIP code	Name of recipient's employer Recipient's occupation	Amount of each expenditure reported for this period \$
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 930.73