



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

Office Use:
Date: 01/23/2021

1. Statement Information

Date: 2/1/2021
Type: [ ] New [x] Amended (if amending, enter MEC ID C161393 & section changed 6)

2. Committee Information

PATTERSON FOR MISSOURI
Name of Committee
617 NE LAKE POINTE DR. (816) 8725577
Telephone Number
JACKSON COUNTY
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Official Committee Email Address
Committee Type: [ ] Campaign [x] Candidate [ ] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

VICTOR SMITH
Treasurer's Name (First & Last)
5432 NE WEDGEWOOD LN.
Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)
Deputy Treasurer's Mailing Address, City, State, & Zip
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
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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

SELF
Name & Mailing Address, City, State & Zip of Candidate
Election Date: AUGUST 2, 2022
Office Sought & Political Subdivision: STATE REPRESENTATIVE
Political Party: REPUBLICAN
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.
Victor R. Smith
Committee Treasurer
Candidate (Candidate Committees Only)