

C161393



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  
SEP 20 2023

1. **Statement Information** \_\_\_\_\_ d by email

Date: 9/19/23  
Type:  New  Amended (if amending, enter MEC ID C161393 & section changed 6)

2. **Committee Information** \_\_\_\_\_

Name of Committee: PATTERSON FOR MISSOURI

Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Official Committee Email Address \_\_\_\_\_

Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

3. **Treasurer/Deputy Treasurer Information** \_\_\_\_\_

Treasurer's Name (First & Last) \_\_\_\_\_

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)  No

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

Name & Mailing Address, City, State, & Zip of Financial Institution \_\_\_\_\_  
Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

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

Jon Patterson 617 NE Lake Pointe Dr. Lees Summit, MO, 64064 816 872 5577  
Name & Mailing Address, City, State & Zip of Candidate \_\_\_\_\_ Telephone Number (Candidate Committees Only) \_\_\_\_\_  
8/6/24 State Representative District 30 Republican Support  
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)** \_\_\_\_\_

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 \_\_\_\_\_  
[Signature] \_\_\_\_\_  
Candidate (Candidate Committees Only) \_\_\_\_\_