

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov.

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Statement of Committee Organization

1.	Statement Information		
	Date: 1/16/15		
	Type: New Amended (if amending, enter MEC ID	151190 & section changed)	
2.	Committee Information		
	MISSOURI ALLIANCE	PAC	
	Name of Committee 617 NE LAKE POINTE	I KE'S SUMAIT	
	6/7 106 2446 1011016	02. 64064 (8/6) 872-5577 Telephone Number	
		Jackson CO BOEL AN	
	Official Committee Email Address	County Clerk or Board of Election Commissioners	
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party	
3.	Treasurer/Deputy Treasurer Information	ga ing pilangga angga sanggarat magapi inakan pambiga ang masa da anak dapat inapan indika dalah sa	
	JONATHAN PATTERSON Treasurer's Name (First & Last)		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional) 1816 \ 672 - 5577	
	617 NE LAKE POINTE DR. Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number Treasurer's Work Telephone Number	
	Treasurer's Mailing Address, City, State, & Zip (EE'S SUMMIT MO 64864		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()()	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number	
4.	Additional Committee Information		
	Additional Community (160 of the Community Com	Like of Country Office V. M. H. Adders Charles D. Ti	
	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)	
5.	Official Bank Account Information (required by all committees)		
	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	
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7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Mame of Ballot Measure	Election Date & Political Subdivision Support or Oppose	
/ 3. l	Signature(s) Check certification(s) & sign (required by all comm	aittees)	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.		
·	further acknowledge that I am aware that any false statement or o		
1 there			
,	Committee Treasurer	Candidate (Candidate Committees Only)	
4 0 :	300-1308 Form must be completed in full & contain original	rinal signature(s) fax filings are not accented Page 1 of 3	

MO 300-1308 Packet (Rev. 11/2014)

Missouri Ethics Commission

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