



Office Use: BB SW

Statement of Committee Organization

1. Statement Information

Date: 1/16/15
 Type: New Amended (if amending, enter MEC ID C151190 & section changed _____)

2. Committee Information

Name of Committee: MISSOURI ALLIANCE PAC
617 NE LAKE POINTE DR. LEE'S SUMMIT MO 64064
 Telephone Number: (816) 872-5577
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: JACKSON CO BOECL SW
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): JONATHAN PATTERSON
 Treasurer's Mailing Address, City, State, & Zip: 617 NE LAKE POINTE DR. LEE'S SUMMIT MO 64064
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (816) 872-5577
 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)

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)

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.

Committee Treasurer: [Signature]
 Candidate (Candidate Committees Only): _____