



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

Missouri Ethics Commission

Office of the Secretary
DEC 06 2016
JCA

Statement of Committee Organization

1. Statement Information

Date: 11/30/16
Type: New Amended (if amending, enter MEC ID C161393 & section changed _____)

2. Committee Information

Name of Committee: PATTERSON FOR MISSOURI
Committee Mailing Address, City, State, & Zip: 617 NE LAKE POINTE DR. LEE'S SUMMIT MO 64064
Telephone Number: (816) 872-5577
County Clerk or Board of Election Commissioners: JACKSON COUNTY
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: (816) 254-9292
Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Email Address (optional): _____
Deputy 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)

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

Name & Mailing Address, City, State & Zip of Candidate: JONATHAN PATTERSON 617 NE LAKE POINTE DR. LEE'S SUMMIT MO 64064
Telephone Number (Candidate Committees Only): (816) 872-5577
Election Date: NOVEMBER 2018
Office Sought & Political Subdivision: STATE REPRESENTATIVE DIST. 30
Political Party: REPUBLICAN
Support or Oppose: SUPPORT

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

Candidate (Candidate Committees Only)