



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

MAR 21 2019

Office Use:  
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Statement of Committee Organization

1. Statement Information

Date: 03/20/2019

Type:  New  Amended (if amending, enter MEC ID C190825 & section changed \_\_\_\_\_)

2. Committee Information

Healthcare for Missouri

Name of Committee

3660 Flora Place Saint Louis, MO 63110

Committee Mailing Address, City, State, & Zip

(314) 540-2049

Telephone Number

Unknown St Louis City BOE  
County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Richard von Glahn

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

3926 Connecticut Street Saint Louis, MO 63116

Treasurer's Mailing Address, City, State, & Zip

(314) 540-2049

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Phone 1

Phone 2

4. Additional Committee Information

Sidney Watson (Director) | Heidi Miller (Director)

Additional Committee Officer's Name & Title (if any)

3660 Flora Place Saint Louis, MO 63110 | 425 Oakley Place  
Saint Louis, MO 63105

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

Phone 1

Phone 2

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Pending Medicaid EXPANSION

Name of Ballot Measure

11/03/2020, 10100 Watson

Road CD Statewide

Election Date & Political Subdivision

Support

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)