



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

Office Use:  
**JUN 03 2020**

**Statement of Committee Organization**

HAND DELIVERED

**1. Statement Information**

Date: 6/1/2020  
 Type:  New  Amended (if amending, enter MEC ID C190918 & section changed 7)

**2. Committee Information**

Missourians for Healthcare  
 Name of Committee  
PO Box 144 Jefferson City, MO 65102 (573) 690-0883  
 Committee Mailing Address, City, State, & Zip Telephone Number  
Cole County  
 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**

Joe Pierle  
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)  
PO Box 144 Jefferson City, MO 65102 (573) 690-0883  
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 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 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 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)**

Medicaid Expansion 8/4/2020 Support  
 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.

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