



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

Office Use **OCT 17 2016**

HAND DELIVERED

**1. Statement Information**

Date: 10/13/2016

Type:  New  Amended (if amending, enter MEC ID C161295 & section changed 2, 3)

**2. Committee Information**

Missouri Association of Health Plans PAC

Name of Committee

331 Madison Jefferson City, MO 65102

(573) 690-3573

Telephone Number

Cole County

County Clerk or Board of Election Commissioners

Official Committee Email Address

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

**3. Treasurer/Deputy Treasurer Information**

John Sheehan

Treasurer's Name (First & Last)

3220 West Edgewood Ste E Jefferson City, MO 65109

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

Treasurer's Email Address (optional)

( )

Treasurer's Home Telephone Number

(573) 635-6196

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)

Missouri Association of Health Plans

Connected Organization's Name (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

331 Madison Jefferson City, MO 65102

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

**Amendment**

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

Candidate (Candidate Committees Only)