



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

MISSOURI ETHICS COMMISSION

Office Use: 27 2017

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 7/27/17

Type: New Amended (if amending, enter MEC ID C171208 & section changed _____)

2. Committee Information

Name of Committee: Missourians for Patient Care
 Committee Mailing Address, City, State, & Zip: 1034 South Brentwood, Ste 1700
St. Louis MO 63117 Telephone Number: (314) 275-0884
StL County
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Mike Colona
 Treasurer's Mailing Address, City, State, & Zip: 1034 S. Brentwood Blvd, Ste 1700
St. Louis MO 63117 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: _____ Treasurer's Work Telephone Number: (314) 531-1333
 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)

titution _____ Account Name _____ Account Number _____

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)

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.

Mike Colona
 Committee Treasurer Candidate (Candidate Committees Only)