

A 211912



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

MO Ethics Commission

Office Use:
MAY 14 2021

Rec'd by email

1. **Statement Information**
Date: MAY 13, 2021
Type: ☒ New ☐ Amended (if amending, enter MEC ID A 211912 & section changed _____)

2. **Committee Information**
Committee to Elect Ted Elo Municipal Judge
Name of Committee
1602 Pacific St, St Joseph MO 6503
Telephone Number (816) 351-7876
Official Committee Chair: _____
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. **Treasurer/Deputy Treasurer Information**
John Cathcart Sr
Treasurer's Name (First & Last)
3501 Mitchell Avenue, St Joseph MO 64506
Treasurer's Mailing Address, City, State, & Zip
n/a
Deputy Treasurer's Name (if one appointed)
n/a
Deputy Treasurer's Mailing Address, City, State, & Zip
Treasurer's Email Address (optional)
(816) 383-3707
Treasurer's Home Telephone Number
Treasurer's Work Telephone Number
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)**

6. **Candidate Supported or Opposed (Candidate committees must include this section)**
Name & Mailing Address, City, State & Zip of Candidate: THEODORE LO, 1602 PACIFIC ST, ST JOSEPH MO 6503
Election Date: FEB 9 2022
Office Sought & Political Subdivision: MUNICIPAL JUDGE
Telephone Number (Candidate Committees Only): (816) 351-7876
Political Party: MINFARTISIAN
Support or Oppose: SUPPORT

7. **Ballot Measure Supported or Opposed (Campaign committees must complete this section)**
n/a
Name of Ballot Measure
Election Date & Political Subdivision
Support or Oppose

8. **Signature(s) - Check Certifications & 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.
John F. Cathcart Sr.
Committee Treasurer
