



Missouri Ethics Commission (MEC)  
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Missouri Ethics Commission

C221837

NOV 30 2022

**Statement of Committee Organization**

**1. Statement Information**

Date: 11/21/22

Type:  New  Amended (if amending, enter MEC ID C221837 & section changed 6 - Election Date)

**2. Committee Information**

Name of Committee

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

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**

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

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

Amendment

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)**

Name & Mailing Address, City, State, & Zip of Financial Institution:

Account Name

Account Number

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

John Voss, 834 Alta Vista Dr, Cape Girardeau, MO 63701

(573) 225-5725

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

August, 2024

Statewide office

Republican

Support

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)