

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

Statement of Committee Organization

Missouri Ethics Commission Office Use: FEB 07 2025

Received by Mail

Statement Information Date: 2/1/2025			
	f amending, enter MEC ID $C2$	21837 & section ch	nanged 3, 6
Committee Information			
Name of Committee			
			()
Committee Mailing Address, City, State, & Zip			Telephone Number
Official Committee Email Address		County Clerk, Board of Election Commission	ners, or Federal PAC/Out of State Committee
Committee Type: ☐ Campaign	\square Candidate \square Continuing		
Treasurer/Deputy Treasurer Inf	ormation		
John Voss	74-14-1	616	
Treasurer's Name (First & Last) PO Box 1963		Treasurer's Email Address (optional)	()
Treasurer's Mailing Address, City, State, & Zip Cape Girardeau, MO 63	3702-1963	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed) Janice Voss		Deputy Treasurer's Email Address (optional (573) 450–4595	()
Deputy Treasurer's Mailing Address, City, State, &	Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Numbe
Additional Committee Officer's Name & Title (if an	y)	Additional Committee Officer's Malling Address, City, State, & Zip	
Connected Organization's Name (if any)		Connected Organization's Mailing Address,	City, State, & Zip
CANDIDATES: Do you have more Official Bank Account Information			back) □ No
Name & Mailing Address, City, State, & Zip of Finar	ncial Institution	Account Name	Account Number
Candidate Supported or Oppose	d (candidate committees mus	t include self, if candidate)	
John Voss, 834 Alta Vista Drive, C	Cape Girardeau, MO 63701	(573 ₎ 225-5725	()
Name & Mailing Address, City, State & Zip of Candi $08/04/2026$		Telephone Number (Candidate Committees	
	State Representative, D 147 Office Sought & Political Subdivision	Republiican	Support
		Political Party	Support or Oppose
Ballot Measure Supported or Op	posed (campaign committees	must complete this section)	
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose
Signature(s) – Check certification	n(s) & sign (required by all com	mittees)	
I affirm and attest under penal further acknowledge that I am aw	ty of perjury that information a	and facts in this report are comp	lete, true, and accurate. I
Committee Tréasurer	' (V)	Candidate (Candidate Committees Only)	<u></u>
300-1308		considere (contrade equilimities Only)	_

MO 300-1308 Packet (Rev. 1/2021)

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