C253740

Missouri Ethics Commission (N PO Box 1370, Jefferson City MO 65102, Fax: 573- Statement of Committee C	526-4506, helpdesk@mec.mo.	MISSOU RI ETHIOS OOMMISSION Office Use: MAR 1 3 2025 HAND DELIVERED
1. Statement Information	an a	AND DELIVERED
Date: 03-13-2025		
Type: INew Amended (if amending, enter MEC ID 2. Committee Information	& section	changed)
KYERRA JOHNSON FOR MISSOURI	V-	
Name of Committee	······································	
1114 EAST DUNKLIN SEFFERSON CFT Committee Mailing Address, City, State, & Zip	1 MO 65109	(618) 491-2286 Telephone Number
Official Committee Email Address	County Clerk, Board of Election Commiss	ioners, or Federal PAC/Out of State Committee
Committee Type: 🛛 Campaign 🕓 Candidate 🔲 Continuing	(PAC) 🗆 Debt Service 🗆 Ex	ploratory
Treasurer/Deputy Treasurer Information		, , , , , , , , , , , , , , , , , , ,
		an a
Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
Treasurer's Mailing Address, City, State, & Zip	()	()
ANGLE FINTON	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (option	nal)
1939 ALLEN DRIVE, JEFFRSON CITY, MO 6510	(<u>573</u>)291-4298	()
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numbe	er Dep. Treasurer's Work Telephone Number
Additional Committee Information		₹ -
-		
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Ad	ddress, City, State, & Zip
Connected Organization's Name (If any)	Connected Organization's Mailing Address	s, City, State, & Zin
CANDIDATES: Do you have more than one candidate committee		
Official Bank Account Information (required by all committees		
		Tranks
-		Personality
Candidate Supported or Opposed (candidate committees must	t include self, if candidate)	
KYERRA JOHNSON-MASSEY 1114 E DUNKLIN	(⁶¹⁸) 491-2286	
Name & Mailing Address, City, State & Zip of Candidate 08-04-2026 STATE REPRESENTA	Telephone Number (Candidate Committee	
Election Date Office Sought & Political Subdivision	REPUBLICAN	SUPPORT
D00	J	Support or Oppose
Ballot Measure Supported or Opposed (campaign committees	must complete this section)	
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) – Check certification(s) & sign (required by all com		Support of Oppose
I affirm and attest under penalty of perjury that information a further acknowledge that I am aware that any false statement or	ind facts in this report are com	plete, true, and accurate. I
Angie Finton		
Committee Treasurer	Candidate (Candidate Committees Only)	10mon 1 1/osege
) 300-1308 :ket (Rev. 1/2021)		Page 1 of 3