



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:
 JUN 16 2025
 Received by Email

1. Statement Information

Date: June 16, 2025
 Type: New Amended (if amending, enter MEC ID C253530 & section changed _____)

2. Committee Information

Cat Clayton For Missouri
 Name of Committee
1890 1st Capitol Dr # 301 Saint Charles, MO 63302-2114 (636)3330145
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Charles County Election Authority
 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

don crozier
 Treasurer's Name (First & Last)
1503 Belleau Lake Dr
 Treasurer's Mailing Address, City, State, & Zip
Ofallon MO 63366
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(636) 2936864
 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) AMENDMENT
 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 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.

Committee Treasurer [Signature] Candidate (Candidate Committees Only) [Signature]