

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 23 2025

Received by Email

1.	Statement Information Date: 06/23/2025		
	Type: New Amended (if amending, enter MEC ID C 222	21937 & section cha	ungad 6
2.	drimittee information		
۷.	Citizens for Jeff Myers		
	Name of Committee		- 10
	PO Box 572, Warrenton, MO 63383		(<u>636)486-6619</u>
	Committee Mailing Address, City, State, & Zip	Warren County Cle	Telephone Number
	Otticial Committee Email Address	County Clerk, Board of Election Commissione	
	Committee Type:	AC) 🗆 Debt Service 🗀 Explo	oratory 🔲 Political Party
3.	reasurer/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	Transvers Mark Talachara No. 1
	A A Promise	NDMENT	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 Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cl	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	pack) 📟 No 🖫
ō.	Official Bank Account Information (required by all committees)		
	Name & Mailling Address, City, State, & Zip of Financial Institution	Account Name	Account Number
õ.	Candidate Supported or Opposed (candidate committees must, i	nclude self, if candidate)	NAME OF THE PARTY OF THE PARTY.
	Jeff Myers, 28394 Sherman Ct, Warrenton, MO 63383	(314)803-8244	(⁶³⁶)486-6619
	Name & Mailing Address, City, State & Zip of Candidate 08/04/2026 Representative	Telephone Number (Candidate Committees C Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
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	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) — Check certification(s) & sign (required by all comm	ittees)	
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
	rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Melody Schowe	Jeffery B Myers	
	Committee Treasurer	Candidate (Candidate Committees Only)	