

C 253588

Missouri Ethics Commission



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

JUL 31 2025

Office Use:

Received by Email

1. Statement Information

Date: July 31, 2025

Type: ☒ New ☐ Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens for Katelyn Zach

Name of Committee

PO Box 1131, Springfield, MO 65801

Committee Mailing Address, City, State, & Zip

(785) 250-5064

Telephone Number

Official Committee Email Address

Greene County

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

Crystal Quade

Treasurer's Name (First & Last)

820 S Weller, Springfield, MO 65802

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(417) 766-4224

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

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)

Katelyn Zach, 315 Washington St, Apt 301, Je

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

11/03/2026

Election Date

State Rep - D133

Office Sought & Political Subdivision

(785) 250-5064

Telephone Number (Candidate Committees Only)

Democrat

Political Party

Support

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)