

C222335



## 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:

AUG 25 2025

Received by Email

## 1. Statement Information

Date: 8/22/2025

Type: ☐ New ☒ Amended (if amending, enter MEC ID C222335 & section changed SECTION 6)

## 2. Committee Information

Name of Committee: CATON FOR MISSOURI

Committee Mailing Address, City, State, &amp; Zip: 727 NW 5th St. BLUE SPRINGS MO 64014 Telephone Number: (816) 895-2630

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

Treasurer's Name (First &amp; Last)

Treasurer's Email Address (optional)

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

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, &amp; Zip

Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

Amendment

## 4. Additional Committee Information

Additional Committee Officer's Name &amp; Title (if any)

Additional Committee Officer's Mailing Address, City, State, &amp; Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, &amp; 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)

Name &amp; Mailing Address, City, State, &amp; Zip of Financial Institution

Account Name

Account Number

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

CARLYN CATON, 727 NW 5th St. BLUE SPRINGS MO 64014 Telephone Number (Candidate Committees Only): (816) 895-2630

Election Date: 8-4-2026 Office Sought & Political Subdivision: STATE REPRESENTATIVE Political Party: REPUBLICAN Support or Oppose: Support

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date &amp; Political Subdivision

Support or Oppose

## 8. Signature(s) - Check certification(s) &amp; 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.

Melissa Rindan  
Committee Treasurer

[Signature]  
Candidate (Candidate Committees Only)