

Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Office Use:	
C221837	

. Statement Information	1			
Date: <u>02/15/2022</u>	_			
Type: New A	mended (if amending, enter MEC ID	& section ch	hanged)	
. Committee Informatio	n			
Friends of John Voss Name of Committee				
PO Box 1963 Cape Gira	rdeau, MO 63702		(573) 225-5725	
Committee Mailing Address, City, St			Telephone Number	
[REDACTED] Official Committee Email Address			Cape Girardeau County Clerk County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee	
Committee Type:	Campaign Candidate Continu	ing(PAC) Debt Service E	Exploratory Political Pary	
. Treasurer/Deputy Trea	surer Information			
Anissa Patel		[REDACTED]		
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)		
2544 Carriage Crossing Treasurer's Mailing Address, City, St	Cape Girardeau, MO 63701	(561) 601-9628 Phone 1	Phone 2	
Janice Voss		[REDACTED]		
Deputy Treasurer's Name (if one ap	pointed)	Deputy Treasurer's Email Address (optional)		
834 Alta Vista Drive Cap	pe Girardeau, MO 63701	(573) 450-4595 Phone 1	Phone 2	
		Priorie 1	Phone 2	
. Additional Committee	Information			
Additional Committee Officer's Nam	e & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip		
Connected Organization's Name (if a		Connected Organization's Mailing Address	· · · · · · · · · · · · · · · · · · ·	
	ave more than one candidate committee		s on back) No	
. Official Bank Account I	nformation (required by all committees			
[REDACTED] Name & Mailing Address, City, State,	. & Zip of Financial Institution	[REDACTED] Account Name	[REDACTED] Account Number	
	or Opposed (candidate committees mus	t include self. if candidate)		
	a Drive Cape Girardeau, MO 63701	(573) 225-5725		
Name & Mailing address, City, State		Phone 1	Phone 2	
08/02/2022	State	Republican		
	Representative/Missouri House of Representatives			
Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
. Ballot Measure Suppor	ted or Opposed (campaign committees	must complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
	ification(s) & sign (required by all comn			
	der penalty of perjury that information a	·	lete true and accurate I	
	nat I am aware that any false statement			
ELECTRONICALLY FILED Feb 15 2022 08:00 PM		ELECTRONICALLY FILED Feb 15 2022 08:00 PM		
Committee Treasurer		Candidate (Candidate Committees Only)		