

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:	1
C232535	

1. Statement I	nformation			
Date: <u>08/17</u>	/2023			
,, <u> </u>	ew Amended (if amending, enter MEC ID	& section changed)		
2. Committee	nformation			
Melesa John Name of Committe	son for Jackson County Prosecutor			
	65 Kansas City, MO 64127		(816) 719-8131	
	Address, City, State, & Zip	Jackson County Doord of El	Telephone Number	
[REDACTED] Official Committee	Email Address	Jackson County Board of Election Commission	oners, Federal PAC/Out of State Committee	
Committee	ype: Campaign Candidate Continu	uing(PAC) Debt Service E	Exploratory Political Pary	
3. Treasurer/D	eputy Treasurer Information			
Meghan Lite		[REDACTED]		
Treasurer's Name (Treasurer's Email Address (optional)	(016) 714 2052	
	265 Kansas City, MO 64127 Address, City, State, & Zip	(816) 877-3344 Phone 1	(816) 714-3052 Phone 2	
		[REDACTED]		
Deputy Treasurer's	Name (if one appointed)	Deputy Treasurer's Email Address (optional	al)	
Deputy Treasurer's	Mailing Address, City, State, & Zip	Phone 1	Phone 2	
4. Additional C	ommittee Information			
Additional Committee		Additional Councilian Office de Mailine Ad	Mary Charles 9 7's	
Additional Commit	ee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip		
Connected Organiz	tion's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip		
CANDIDATES: Do you have more than one candidate com		tee? Yes (refer to instructions on back) No		
5. Official Bank	Account Information (required by all committee	s)		
[REDACTED]		[REDACTED]	[REDACTED]	
_	lress, City, State, & Zip of Financial Institution	Account Name	Account Number	
	apported or Opposed (candidate committees mus			
	son P.O. Box 270265 Kansas City, MO 64127 dress, City, State, & Zip of Candidate	(816) 719-8131 Phone 1	Phone 2	
08/06/2024	Prosecuting	Democrat		
Election Date	Attorney/Jackson County Office Sought & Political Subdivision	Political Party	Support or Oppose	
7. Ballot Meas	re Supported or Opposed (campaign committees	s must complete this section)		
		· · · · · ·		
Name of Ballot Me	sure	Election Date & Political Subdivision	Support or Oppose	
	Check certification(s) & sign (required by all com			
	d attest under penalty of perjury that information owledge that I am aware that any false statement			
	-	•		
Committee Treasu	ALLY FILED Aug 17 2023 04:18 PM	Candidate (Candidate Committees Only)	ELECTRONICALLY FILED Aug 17 2023 04:18 PM	