

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

Office Use: C242718

Statement of Committee Organization

1.	Statement Information		
	Date: 02/06/2024		
	Type: New Amended (if amending, enter MEC ID	& section cha	nged)
2.	Committee Information		
	Capaha PAC Name of Committee		
	2009 West Cape Rock Drive Cape Girardeau, MO 63701		(573) 450-3396
	Committee Mailing Address, City, State, & Zip		Telephone Number
	[REDACTED]	Cape Girardeau County Clerk	
	Official Committee Email Address	County Clerk, Board of Election Commissioner	
	Committee Type: Campaign Candidate Continuing	(PAC) Debt Service Exp	oloratory Political Pary
3.	Treasurer/Deputy Treasurer Information		
	Robbie Guard	[REDACTED]	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	2009 W. Cape Rock Drive Cape Girardeau, MO 63701	(573) 450-3396	
	Treasurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2
	Trae Bertrand Deputy Treasurer's Name (if one appointed)	[REDACTED] Deputy Treasurer's Email Address (optional)	
	1320 N. Kingshighway Cape Girardeau, MO 63701 Deputy Treasurer's Mailing Address, City, State, & Zip	(573) 450-3543 Phone 1	Phone 2
л	Additional Committee Information		
4.	Additional committee mormation		
	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, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions of	on back) No
5.	Official Bank Account Information (required by all committees)		
	[REDACTED]	[REDACTED]	[REDACTED]
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must include self, if candidate)		
	John Voss		
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2
	State Representative		Support
	Election Date Office Sought & Political Subdivision	Political Party	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 committ	ees)	
■affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurat further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 57			te true and accurate 1
	CTRONICALLY FILED Feb 6 2024 09:48 AM ELECTRONICALLY FILED Feb 6 2024 09:48 AM		
	Committee Treasurer	Candidate (Candidate Committees Only)	
MO 200 1208			