



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

Office Use:
 C242847

Statement of Committee Organization

1. Statement Information

Date: 04/03/2024
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens to Elect Mark Meirath
 Name of Committee
202 Virginia Rd Excelsior Springs, MO 64024 (816) 365-0378
 Committee Mailing Address, City, State, & Zip Telephone Number
 [REDACTED] Clay County Board of Elections
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Joel Hansen [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
200 Virginia Rd Excelsior Springs, MO 64024 (816) 506-8764
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2
 Deputy Treasurer's Name (if one appointed) [REDACTED]
 Deputy Treasurer's Email Address (optional)
 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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)

[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)

Mark Meirath 202 Virginia Rd Excelsior Springs, MO 64024 (816) 365-0378
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
11/05/2024 State Republican
 Election Date Representative/Missouri House of Representatives
 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 committees)

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.
ELECTRONICALLY FILED Apr 3 2024 03:39 PM ELECTRONICALLY FILED Apr 3 2024 03:39 PM
 Committee Treasurer Candidate (Candidate Committees Only)