



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

Office Use:
 C253544

Statement of Committee Organization

1. Statement Information

Date: 06/19/2025
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens for Lynda Jones
 Name of Committee

P. O. Box 174 Nevada, MO 64772 (417) 448-4495
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Vernon County Clerk
 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

Susan Beeman [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

718 S College Nevada, MO 64772 (417) 321-1581 (417) 667-3057
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

/ [REDACTED]
 Deputy Treasurer's Name (if one appointed) 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)

Lynda Jones 1101 North Spring St., Apt 1A Nevada, MO 64772 (417) 448-4495
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/04/2026 State Democrat
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

Representative/Missouri House of Representatives

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 Jun 19 2025 03:44 PM ELECTRONICALLY FILED Jun 19 2025 03:44 PM
 Committee Treasurer Candidate (Candidate Committees Only)

