



Office Use:  
 C253650

# Statement of Committee Organization

## 1. Statement Information

Date: 09/09/2025  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Committee to Elect John Gray  
 Name of Committee  
443 Forest Drive Marshfield, MO 65706 (417) 241-1996  
 Committee Mailing Address, City, State, & Zip Telephone Number  
 [REDACTED] Webster 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

<u>Dena Weaver</u> Treasurer's Name (First & Last)	<u>[REDACTED]</u> Treasurer's Email Address (optional)
<u>443 Forest Drive Marshfield, MO 65706</u> Treasurer's Mailing Address, City, State, & Zip	<u>(417) 838-2823</u> Phone 1 Phone 2
<u>/</u> Deputy Treasurer's Name (if one appointed)	<u>[REDACTED]</u> Deputy Treasurer's Email Address (optional)
<u>/</u> Deputy Treasurer's Mailing Address, City, State, & Zip	<u>/</u> 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)

<u>John Gray 449 Bluff Road Marshfield, MO 65706</u> Name & Mailing address, City, State, & Zip of Candidate	<u>(417) 241-1996</u> Phone 1 Phone 2
<u>08/04/2026</u> <u>State</u> Election Date Office Sought & Political Subdivision	<u>Democrat</u> Political Party Support or Oppose
<u>Representative/Missouri</u> 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 Sep 9 2025 05:32 PM ELECTRONICALLY FILED Sep 9 2025 05:32 PM  
 Committee Treasurer Candidate (Candidate Committees Only)