



NOV 20 2020

Statement of Committee Organization

1. Statement Information

Date: 11/17/20

Type: ☐ New ☒ Amended (if amending, enter MEC ID C171166 & section changed NA)

2. Committee Information

Riggs for Missouri

Name of Committee

42 Holiday Dr., Hannibal, Missouri 63401

Committee Mailing Address, City, State, & Zip

(573) 248-0225

Telephone Number

Marion

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Sara North

Treasurer's Name (First & Last)

45 Holiday Dr., Hannibal, Mo 63401

Treasurer's Mailing Address, City, State, & Zip

(573) 221-6278

Treasurer's Home Telephone Number

(573) 221-0822

Treasurer's Work Telephone Number

Geraldine Graves

Deputy Treasurer's Name (if one appointed)

4156 Woodridge, Hannibal, Mo 63401

Deputy Treasurer's Mailing Address, City, State, & Zip

(573) 221-3410

Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Louis Riggs, 42 Holiday Dr., Hannibal, Mo 63401

Name & Mailing Address, City, State & Zip of Candidate

(573) 248-0225

Telephone Number (Candidate Committees Only)

08/2022

Election Date

state rep., district 5

Office Sought & Political Subdivision

Republican

Political Party

support

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)

☒ I 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.

Sara North

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)