

## Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

## **Statement of Committee Organization**

MO Ethics Commission Office Use: DEC 18 2023 Rec'd by email

1.	Statement information Date: 12/14/2023		
	vale.	90859 & section ch	August 6 ,2024
2.	Committee Information Boggs for Missouri		/
	Name of Committee 1457 Lawrence 2070 La Russell Mo. 64848		(417 <sub>)</sub> 825-4866
	Committee Mailing Address, City, State, & Zip	Tammy Riebe	Telephone Number
	Official Committee Email Address		ners, or Federal PAC/Out of State Committee
	Committee Type:   Campaign   Candidate   Continuing (PAC)   Debt Service   Exploratory   Political Party		
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last) 14564 Lawrence 2047 Miller 65707	Treasurer's Email Address (optional) (417 ) 452-2494	(417 <sub>)</sub> 452-3766
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
	Additional Committee Information	and a supervision with the second second	BASILON AND AND AND AND AND AND AND AND AND AN
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	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	dress, City, State, & Zip
	Amendment		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee		
5.	Official Bank Account Information (required by all committee	<b>(5)</b>	
6.	Candidate Supported or Opposed (candidate committees mu Mitch Boggs 1457 law 2070 la Russell Mo 64848	st include self, if candidate) (417 <sub>)</sub> 825-4866	<i>4676</i> 6 <b>\$</b> 3333
	Name & Mailing Address, City, State & Zip of Candidate 8/6/2024 representative	Telephone Number (Candidate Committee republican	s Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committee	s 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 co	mmittees)	Residential and with the fig.
	l 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.			
٠.	Committee Treasurer	Candidate (Candidate Committees Only)	911()