



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  
JUL 30 2024  
Rec'd by email

1. **Statement Information**

Date: JULY 30, 2024

Type: ☐ New ☒ Amended (if amending, enter MEC ID C180340 & section changed \_\_\_\_\_)

2. **Committee Information**

COMMITTEE TO ELECT DAVID EVANS

Name of Committee

PO BOX 723, WEST PLAINS, MO 65775

Committee Mailing Address, City, State, & Zip

(417) 372-2345

Telephone Number

Official Committee Email Address

KELLY WAGGONER

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**

AARON EVANS

Treasurer's Name (First & Last)

PO BOX 723, WEST PLAINS, MO 65775

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

Treasurer's Email Address (optional)

(417) 849-9965

Treasurer's Home Telephone Number

( )

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

( )

Dep. Treasurer's Home Telephone Number

( )

Dep. Treasurer's Work Telephone Number

4. **Additional Committee Information**

Additional Committee Officer's Name & Title (if any)

Amendment

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 Treasurer/Deputy Treasurer Information**

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

DAVID EVANS, PO BOX 723, WEST PLAINS, MO 65775

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

AUGUST 4, 2026

Election Date

STATE REP - DIST 154

Office Sought & Political Subdivision

(417) 372-2345

Telephone Number (Candidate Committees Only)

REPUBLICAN

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)**

☒ 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.

Committee Treasurer

Candidate (Candidate Committees Only)