



C171166

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

Missouri Ethics Commission
Office Use:
NOV 15 2024
Received by Email

1. Statement Information

Date: November 12, 2024
Type: [] New [x] Amended (If amending, enter MEC ID C171166 & section changed 6)

2. Committee Information

Riggs For Missouri
Name of Committee
42 Holiday Drive Hannibal Missouri 63401 (573) 248-0225
Committee Mailing Address, City, State, & Zip Telephone Number
Official Committee Email Address Marion
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
Committee Type: [] Campaign [x] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) Treasurer's Email Address (optional)
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

AMENDMENT

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) [x] No

5. Official Bank Account Information (required by all committees)

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)

Riggs For Missouri 42 Holiday Drive Hannibal Missouri 63401 (573) 248-0225
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
August 4, 2026 State Senate, 18th District Republican Support
Election Date Office Sought & Political Subdivision 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)

[x] 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.

Shara M. Anton North
Committee Treasurer

[Signature]
Candidate (Candidate Committees Only)

[Handwritten mark]