



Office Use:

1. **Statement Information**  
Date: 12/08/2024  
Type: ☐ New ☒ Amended (if amending, enter MEC ID C191060 & section changed 6)

2. **Committee Information**  
Citizens for Dean VanScholack  
Name of Committee \_\_\_\_\_  
Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Official Committee Email Address \_\_\_\_\_ County Clerk, Board of Election Commissioners, or Federal PAC/DRA of State Committee  
Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

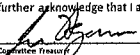

3. **Treasurer/Deputy Treasurer Information**  
Treasurer's Name (First & Last) \_\_\_\_\_ Treasurer's Email Address (optional) \_\_\_\_\_  
Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ Treasurer's Home Telephone Number \_\_\_\_\_ Treasurer's Work Telephone Number \_\_\_\_\_  
Deputy Treasurer's 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 \_\_\_\_\_

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 \_\_\_\_\_

5. **CANDIDATES: Do you have more than one candidate committee?** ☐ Yes (refer to instructions on back) ☒ No  
**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)**  
Dean VanScholack 11248 Hwy 71, Savannah, MO 64485 (816) 261-1361 \_\_\_\_\_  
Name & Mailing Address, City, State, & Zip of Candidate \_\_\_\_\_ Telephone Number (Candidate Committees Only) \_\_\_\_\_  
08/04/2026 \_\_\_\_\_ State Representative District 9 \_\_\_\_\_  
Decision Date \_\_\_\_\_ Office Sought & Political Subdivision \_\_\_\_\_ Republican \_\_\_\_\_ Support \_\_\_\_\_  
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) \_\_\_\_\_

C191060

Missouri Ethics Commission

DEC 10 2024

Received by Email

AMENDMENT

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