

	Office	Use:	
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1.	Statement Information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.0			
	Date: 12/05/2024					
	Type: New Amended (if amending, enter MEC ID C191	060 & section cha	6			
	Type: L3 New MAINENDED (In amending, enter MECID	a section tha	mged			
2.	Committee Information		Land and the same of the same			
	Citizens for Dean VanScholack					
	Name of Committee					
			()			
	Committee Making Address, City, State, & Zip		Telephone Humber			
	Official Committee Email Address	County Clerk, Board of Election Commissioner	rs, or Federal PAC/Out of State Committee			
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P.	AC) 🗆 Debt Service 🗀 Explo	ratory 🗀 Political Party			
	Treasurer/Deputy Treasurer Information					
۵,	Treasurery populy freasurer information	· · · · · · · · · · · · · · · · · · ·				
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)				
		Treasurer's Home Telephone Number	Tressurer's Work Felephane Number			
	Treasurer's Mailing Address, City, State, & Alp	Treasurer's nome resepoune reymper	Lienzines ? Morx reselvants udvistes			
	Deputy Treasurer's Hame (if one appointed)	Deputy Treasurer's Irrual Address (optional)				
	Debrità i Lescolei s'usime (a rute abbounco)	orbot negates a man sources (obsorat)				
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dest. Treasurer's Horne Telephone Kumber	Dep. Treasurer's Work Telephone Humber			
		Dep. Heasyn a from e newsprome normal	Dep. Heading Strott Integration Horizont			
4.	Additional Committee Information					
			£			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Making Addre	as, City, State, & Zip			
	•					
	Connected Organization's Hame (# any)	Connected Organization's Mailing Address, Cit	ty, State, & Zip			
	CANDIDATES: Do you have more than one candidate committee?	□ Vas trafas to instructions on b	ask FINo			
s	Official Bank Account Information (required by all committees)	- 1es freier to instructions on o	JCK) LINO			
•	CONTROL OF THE PROPERTY OF THE					
	Hame & Marking Address, City, State, & Zip of Financial Institution	Account Name	Account Number			
6.	Condidate Supported or Opposed (candidate committees must-i	nclude self, if candidate)				
	Dean VanScholack 11248 Hwy 71, Savannah, MO 64485	7816 \ 261-1361	/)			
	Name & Mailton Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees D	194			
	08/04/2026 State Representative District 9	Republican	Support			
	Gection Date Office Sought & Political Subdivision	Political Party	Support or Oppose			
_						
7.	Ballot Measure Supported or Opposed (campaign committees me	ist complete this section)				
	Harne of Ballot Measure	Dection Date & Political Subdivision	Support of Opposit			
8.	Signature(s) - Check certification(s) & sign (required by all comm	ttees)				
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.					
	further agknoyledge that I am aware that any false statement or d					
	The state of the s	1/10/1/11	. /			
	he Ogerm	Mean Yan School	uk			
	Contrattee Freeurit	Candidate (Candidate Committees Only)	,			
	MO 500-1308 Page 1 of 3					
Pac	et (Rev. 1/2021)					

C191060

Missouri Ethics Commission

DEC 10 Ziggs

Received by Email

AMENDMENT

