C253575

Missouri Ethics Commission

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

JUL 21 2025
Office Use
Received by Email

1. **Statement Information**

Date: 7/15/2025

Type: ☒ New ☐ Amended (If amending, enter MEC ID _____ & section changed _____)

2. **Committee Information**

Missourians for Vogel
Name of Committee

PO Box 26 Jefferson City, MO 65102
Committee Mailing Address, City, State, & Zip

(573) 508-3431
Telephone Number

Official Committee Email Address

Cole County
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**

Joe Scheppers
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

2300 St. Mary's Blvd. Jefferson City, MO 65109
Treasurer's Mailing Address, City, State, & Zip

(___) ___
Treasurer's Home Telephone Number

(573) 645-2830
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

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

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

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

Jake Vogel ~ PO Box 26 Jefferson City, MO 65102
Name & Mailing Address, City, State & Zip of Candidate

(573) 508-3431
Telephone Number (Candidate Committees Only)

(___) ___

8/4/2026
Election Date

State Senator District 6
Office Sought & Political Subdivision

Republican
Political Party

Support
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)