

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## **Statement of Committee Organization**



1.	Statement Information		
	Date: 4/24/17		
.4.	Type: ■ New □ Amended (if amending, enter MEC ID	& section cha	anged)
2.	Committee Information Rudy Veit for State Representative		
	Name of Committee  515 E. High St. Jefferson City  Committee Mailing Address, City, State, & Zip  1	Mo 65101	(573) 690-0927 Telephone Number
		County Clerk or Board of Election Commissio	ners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P	AC) 🗆 Debt Service 🗀 Explo	oratory 🗆 Political Party
3.	Treasurer/Deputy Treasurer Information		
	RICHARD C. PEERSON Treasurer's Name (First & Last) 820 LAZY BROOK LNJ 45109 Treasurer's Mailing Address, City, State, & Zip Jane A. Rackers	Treasurer's Email Address (optional)  (573) L 59 - L989  Treasurer's Home Telephone Number	( <u>573)                                    </u>
	Deputy Treasurer's Name (if one appointed) 6900 Whippoorwill Dr., Jefferson City, MO 65101 Deputy Treasurer's Mailing Address, City, State, & Zip	(573) 634-5396 Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
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	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, Ci	ty, State, & Zip
	NDIDATES: Do you have more than one candidate committee? 🔲 Yes (refer to instructions on back) 🗏 No		
5.	Official Bank Account Information (required by all committees)	Λ -	
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	Rudy Veit	(573) 690 - 0927 Telephone Number (Candidate Committees O	
	Name & Mailing Address, City, State & Zip of Candidate  November 2018  State Representative	Republican	Supported
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees me	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all commi	ittees)	
,	I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or definition of the statement o		
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MO Pac	300/1308 A. Form must be completed in full & contain origing (Rev. 12/2016)	Candidate (Candidate Committees Only) nal signature(s), fax filings are	not accepted. Page 1 of 3