

C171166

Missouri Ethics Commission



Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov
Statement of Committee Organization

JUN 27 2017
Office Use:
T171407
[Signature]

1. Statement Information

Date: 06/16/2017
Type: New Amended (if amending, enter MEC ID C171166 & section changed _____)

2. Committee Information

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

3. Treasurer/Deputy Treasurer Information

Sara North
Treasurer's Name (First & Last)
45 Holiday Drive Hannibal, MO 63401 (573) 221-6278 573-221-0822
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2
Geraldine Graves
Deputy Treasurer's Name (if one appointed)
4156 Woodridge Drive Hannibal, MO 63401 (573) 221-3410 (573) 795-6883
Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2
Deputy Treasurer's Email Address (optional)

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)

Louis Riggs 42 Holiday Drive Hannibal, MO 63401 (573) 248-0225
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
08/07/2018 State Republican
Election Date Representative/Missouri
House of Representatives / 005
Office Sought & Political Subdivision (gcd) 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.
Sara North Committee Treasurer [Signature]
Candidate (Candidate Committees Only) [Signature]