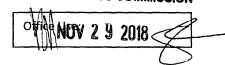




## Missouri Ethics Commission (MEC)

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

## **Statement of Committee Organization**



HAND DELIVERED

Statement Information		
Date:	C171121	6
Type: New Amended (if amending, enter MEC ID Committee Information	& section	changed
Rudy Veit for State Representative		
P.O. Box 105799, Jefferson City, MO 65110		(573 <sub>)</sub> 690-0927
Committee Mailing Address City State 9: 7:-		Telephone Number
Official Continued Email Address	County Clerk or Board of Election Comm	issioners
Committee Type: ☐ Campaign ☐ Candidate ☐ Continu	ing (PAC) 🗆 Debt Service 🗀 Ex	oploratory 🗆 Political Party
Treasurer/Deputy Treasurer Information		
Richard C. Peerson	_	
Treasurer's Name (First & Last) 820 Lazy Brook Lane, Jefferson City, MO 65109	Treasurer's Email Address (optional)	
Treasurer's Mailing Address, City, State, & Zip	(010)000000	Treasurer's Work Telephone Number
Jane A. Rackers		
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	
6900 Whippoorwill Dr., Jefferson City, MO 65101  Deputy Treasurer's Mailing Address, City, State, & Zip	(573)634-5396  Dep. Treasurer's Home Telephone Numl	per Dep. Treasurer's Work Telephone Number
		der Dep. Headder's Work Telephone Numbe
Additional Committee Information	+ - A	
Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing	Address City State & 7in
Connected Organization's Name (Hany)		
Connected Organization's Varige (Hany)	Connected Organization's Mailing Addre	ess, City, State, & Zip
CANDIDATES: Do you have more than one candidate commi	ittee? 🗆 Yes (refer to instructions	on back) 🔲 No
Official Bank Account Information (required by all committee	tees)	
Candidate Supported or Opposed (candidate committees n	nust include self, if candidate)	
Rudy Veit	(573 <sub>)</sub> 690-0927	_ ()
Name & Mailing Address, City, State & Zip of Candidate  November 3, 2020 , Sate Representative-59	Telephone Number (Candidate Committe Republican	ees Only) Support
Election Pate 1 Office Sought & Political Subdivision	Political Party	Support or Oppose
X - 4 - 3 0 3 0  Ballot Measure Supported or Opposed (campaign committed)	oos must sommlete this section)	
ballot Measure Supported of Opposed (Campaign Committee	ees must complete this section).	
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
Signature(s) Check certification(s) & sign (required by all	committees)	
☐ I affirm and attest under penalty of perjury that information	<u> </u>	onlete true and accurate t
further acknowledge that I am aware that any false statemen		- T
$\mathcal{A}_{i}$ $\mathcal{A}_{i}$ $\mathcal{A}_{i}$ $\mathcal{A}_{i}$ $\mathcal{A}_{i}$	1.11	0 '7
Committee Treasurer	Candidate (Candidate Committees Only	<u> </u>