



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

MISSOURI ETHICS COMMISSION

Office NOV 29 2018

# Statement of Committee Organization

HAND DELIVERED

## 1. Statement Information

Date: \_\_\_\_\_

Type: ☐ New ☒ Amended (if amending, enter MEC ID C171121 & section changed 6)

## 2. Committee Information

**Rudy Veit for State Representative**

Name of Committee

P.O. Box 105799, Jefferson City, MO 65110

(573) 690-0927

Committee Mailing Address City State & Zip

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

## 3. Treasurer/Deputy Treasurer Information

**Richard C. Peerson**

Treasurer's Name (First & Last)

820 Lazy Brook Lane, Jefferson City, MO 65109

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 659-6989

( )

Treasurer's Work Telephone Number

**Jane A. Rackers**

Deputy Treasurer's Name (if one appointed)

6900 Whippoorwill Dr., Jefferson City, MO 65101

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(573) 634-5396

(573) 690-0613

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)

**Rudy Veit**

Name & Mailing Address, City, State & Zip of Candidate

(573) 690-0927

Telephone Number (Candidate Committees Only)

**November 3, 2020**

Election Date

**State Representative-59**

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)