



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

Office Use:

*go*

## Statement of Committee Organization

### 1. Statement Information

Date: 12/02/2018

Type: ☐ New ☒ Amended (if amending, enter MEC ID C180340 & section changed \_\_\_\_\_)

### 2. Committee Information

Name of Committee

Committee to Elect David Evans

Committee Mailing Address, City, State, & Zip

(417) 3722345

Telephone Number

Official Committee Email Address

Dennis Vonallman

County Clerk or Board of Election Commissioners

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

### 3. Treasurer/Deputy Treasurer Information

Aaron Evans

Treasurer's Name (First & Last)

P.O. Box 723, West Plains, MO 65775

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

Treasurer's Email Address (optional)

(417) 8499965

Treasurer's Home Telephone Number

( )

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

( )

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

MISSOURI ETHICS COMMISSION

**DEC 03 2018**

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 **HAND DELIVERED**

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

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

David Evans, P.O. Box 723, West Plains, MO 65775

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

(417) 3722345

Telephone Number (Candidate Committees Only)

August 4, 2020

Election Date

State Rep.-154

Office Sought & Political Subdivision

Republican

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.

*[Signature]*  
Committee Treasurer

*[Signature]*  
Candidate (Candidate Committees Only)

12-3-18