



Office Use:
 JAN 22 2019

Statement of Committee Organization

1. Statement Information

Date: 01-17-19

Type: New Amended (if amending, enter MEC ID C171166 & section changed #6)

2. Committee Information

Riggs for Missouri

Name of Committee

42 Holiday Dr., Hannibal, Mo. 63401

Committee Mailing Address, City, State, & Zip

(573) 248-0225

Telephone Number

Marion County

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, Dr., Hannibal, Mo. 63401

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

Treasurer's Email Address (optional)

(573) 221-6278

(573) 221-6278

Treasurer's Work Telephone Number

Geraldine Graves

Deputy Treasurer's Name (if one appointed)

4156 Woodridge, Hannibal, Mo. 63401

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

Deputy Treasurer's Email Address (optional)

(573-) 221-3410

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Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

AMENDMENT

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, Hannibal, Mo. 63401

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

(573) 248-0225

Telephone Number (Candidate Committees Only)

08/2020 Primary

Election Date

State Representative, district 5

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.

Sara North
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)