

C190859

Missouri Ethics Commission



Missouri Ethics Commission (MEC)

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

MAY 17 2019

Office Use:
T191858

BIO RMD

Statement of Committee Organization

1. Statement Information

Date: 05/07/2019

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

2. Committee Information

Boggs for Missouri

Name of Committee

1457 Lawrence 2070 La Russell, MO 64848

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

(417) 825-4866

Telephone Number

Official Committee Website:

Lawrence 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

David Hunt

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

P.O. box 217 Miller, MO 65707

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

(417) 229-1640

Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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

Phone 1

Phone 2

4. Additional Committee Information

Mitchell Boggs Jr (President)

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

1457 Lawrence 2070 La Russell, MO 64848

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. Conflict of Interest Information (required by all committees)

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

Mitchell Boggs 1457 Lawrence 2070 La Russell, MO 64848

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

(417) 825-4866

Phone 1

Phone 2

08/04/2020

Election Date

House Dist. 157
Statewide Office

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.

Committee Treasurer

Candidate (Candidate Committees Only)

per
T-file