

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

Statement of Committee Organization

| Office Use: | |
|-------------|--|
| C222163 | |

| 1. | Statement Information | | | |
|----|---|--|------------------------------------|--|
| | Date: 06/17/2022 | | | |
| | Type: New Amended (if amending, enter MEC ID | & section cha | nged) | |
| 2. | Committee Information | | | |
| | RightDirection PAC | | | |
| | Name of Committee | | (572) 550 4004 | |
| | PO Box 172 Jefferson City, MO 65102 Committee Mailing Address, City, State, & Zip | | (573) 559-1001 Telephone Number | |
| | [REDACTED] | Cole County Clerk | | |
| | Official Committee Email Address | County Clerk, Board of Election Commissione | | |
| | Committee Type: Campaign Candidate Continuing | (PAC) Debt Service Exp | oloratory Political Pary | |
| 3. | Treasurer/Deputy Treasurer Information | | | |
| | Rachel Reagan-Purschke Treasurer's Name (First & Last) | [REDACTED] | | |
| | | Treasurer's Email Address (optional) | | |
| | PO Box 172 Jefferson City, MO 65102 Treasurer's Mailing Address, City, State, & Zip | (573) 559-1001 Phone 1 | Phone 2 | |
| | | [REDACTED] | | |
| | 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 | |
| | | Phone 1 | Priorie 2 | |
| 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, Ci | ty, State, & Zip | |
| | ${\it CANDIDATES:}\ Do\ you\ have\ more\ than\ one\ candidate\ committee?$ | Yes (refer to instructions on back) | | |
| 5. | Official Bank Account Information (required by all committees) | | | |
| | [REDACTED] | [REDACTED] | [REDACTED] | |
| | Name & Mailing Address, City, State, & Zip of Financial Institution | Account Name | Account Number | |
| 6. | Candidate Supported or Opposed (candidate committees must in | clude self, if candidate) | | |
| | | | | |
| | Name & Mailing address, City, State, & Zip of Candidate | Phone 1 | Phone 2 | |
| | Election Date Office Sought & Political Subdivision | Political Party | Support or Oppose | |
| 7. | Ballot Measure Supported or Opposed (campaign committees mo | ust complete this section) | | |
| | | , | | |
| | Name of Ballot Measure | Election Date & Political Subdivision | Support or Oppose | |
| 8. | Signature(s) Check certification(s) & sign (required by all commit | tees) | | |
| | ■affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I | | | |
| | urther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo. | | | |
| | ELECTRONICALLY FILED Jun 17 2022 09:38 AM | ELECTRONICALLY FILED Jun 17 2022 09:38 AM | | |
| | Committee Treasurer | Candidate (Candidate Committees Only) | | |