



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

Office Use:  
 C243102

# Statement of Committee Organization

## 1. Statement Information

Date: 09/03/2024  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Show Me MO Rights PAC  
 Name of Committee

PO Box 222 Jefferson City, MO 65102  
 Committee Mailing Address, City, State, & Zip

(573) 616-1845  
 Telephone Number

[REDACTED]  
 Official Committee Email Address

Cole County Clerk  
 County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

## 3. Treasurer/Deputy Treasurer Information

Amber Watson  
 Treasurer's Name (First & Last)

[REDACTED]  
 Treasurer's Email Address (optional)

PO Box 222 Jefferson City, MO 65102  
 Treasurer's Mailing Address, City, State, & Zip

(573) 616-1845  
 Phone 1 Phone 2

Deputy Treasurer's Name (if one appointed)  
 Deputy Treasurer's Mailing Address, City, State, & Zip

[REDACTED]  
 Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip  
 Phone 1 Phone 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, 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)

[REDACTED]  
 Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]  
 Account Name

[REDACTED]  
 Account Number

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

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

Phone 1 Phone 2

State Representative  
 District 9

Support

Election Date Office Sought & Political Subdivision 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)

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.

ELECTRONICALLY FILED Sep 3 2024 02:37 PM  
 Committee Treasurer

ELECTRONICALLY FILED Sep 3 2024 02:37 PM  
 Candidate (Candidate Committees Only)