



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:
C263852

1. Statement Information

Date: 01/09/2026

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

2. Committee Information

SEMO Show-Me Conservatives PAC

Name of Committee

PO Box 111 Jefferson City, MO 65102

Committee Mailing Address, City, State, & Zip

(573) 821-2090

Telephone Number

[REDACTED]

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Scott Lady

Treasurer's Name (First & Last)

PO Box 111 Jefferson City, MO 65102

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

[REDACTED]

Treasurer's Email Address (optional)

(573) 718-7460

Phone 1

Phone 2

Nicole Garrett

Deputy Treasurer's Name (if one appointed)

400 N Boonville St Jefferson City, MO 65325

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

[REDACTED]

Deputy Treasurer's Email Address (optional)

(573) 821-2090

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)

Jeff Shawan

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

Phone 1

Phone 2

State Representative

Office Sought & Political Subdivision

Support

Election Date

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 Jan 9 2026 01:20 PM

Committee Treasurer

ELECTRONICALLY FILED Jan 9 2026 01:20 PM

Candidate (Candidate Committees Only)