C 232370

MISSOURI ETHICS COMMISSION



Packet (Rev. 1/2021) \

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

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Page 1 of 3

1.	Statement Information Date: 11/1/2023		
Type: New Amended (if amending, enter MEC ID C232370 & section changed 6			anged 6
2.	Committee Information	W Section Cha	ingeu
	Malek for Missouri		
	Name of Committee PO Box 144 Jefferson City, MO 65102		(636) 422-8031
	Committee Mailing Address, City, State, & Zip	, , , , , , , , , , , , , , , , , , , ,	Telephone Number
		St Louis County	
	Official Committee Email Address	County Clerk, Board of Election Commissione	
	Committee Type: ☐ Campaign ■ Candidate ☐ Continuing (P.	AC) Debt Service Explo	oratory 🗆 Political Party
3.	Treasurer/Deputy Treasurer Information	A Commence of the Commence of	
	Jerry Hunter		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	One Metropolitan Square, 211 North Broadway, Ste. 3600 St. Louis, MO 63102		(314) 259-2772
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()	1
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addit	rrieridment
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	
CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back)		ack) 🗏 No	
5. Official Bank Account Information (required by all committees)			
			1
ŝ.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	
	Vivek Malek PO Box 144 Jefferson City, MO 65102	()	(636) 422-8031
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	\/
	08/6/2024 State Treasurer	Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)			
	April -		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
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 further acknowledge that I am aware that ally false statement or declaration made herein is punishable under Ch. 575 F			
			ete, true, and accurate. I
			shable under Ch. 575 RSMo.
	ommittee Treasurer	Candidate (Candidate Committees Only)	