

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

## **Statement of Committee Organization**

Missouri Ethics Commission

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Received by Mail

1.	itement Information se: 기의 マチ		
	Type: ☑ New ☐ Amended (if amending, enter MEC ID	& section cha	nged)
2.	Committee Information	ere gerande som i Alexander Salvano ere e e e e e e e e e e e e e e e e e	
	Name of Confinitee  6055 Carlsbad Aue, St. Louis, MO	63116	(314) 722-1916 Telephone Number
	Committee Type: ☐ Campaign ☑ Candidate ☐ Continuing (PA	County Clerk, Board of Election Commissioner	s, or Federal PAC/Out of State Committee
3. Treasurer/Deputy Treasurer Information			
	Treasurer's Name (First & Last)  655 Cayls Good Are St. Loans, MOGNIG  Treasurer's Mailing Address, City, State, & Zip	Treasurer's Email Address (optional)  (34) 368 - 526  Treasurer's Home Telephone Number	() Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	() Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		Attion of the Anna Control
	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, Cl	ty, State, & Zip
5.	CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees)		ack) 🗆 No
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6.	Candidate Supported or Opposed (candidate committees must in Anthony Kirchart	(314) 722-1910	()
	Name & Mailing Address, City, State & Zip of Candidate  April & 2025  Election Date  April & Political Subdivision	Telephone Number (Candidate Committees C	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	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 committees)		
	If 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 any false statement or declaration made herein is punishable under Ch. 575		ete, true, and accurate. I shable under Ch. 575 RSMo.
	Committee/Tleasurer	Candidate (Candidate Committees Only)	