



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

Office Use:
 C211609

Statement of Committee Organization

1. Statement Information

Date: 03/25/2021
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Mahacek for Missouri
 Name of Committee

13420 Sunset Meadows Ln Saint Louis, MO 63128
 Committee Mailing Address, City, State, & Zip

(314) 471-6466
 Telephone Number

[REDACTED]
 Official Committee Email Address

St. Louis County Board of Elections
 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

Grace Mahacek
 Treasurer's Name (First & Last)

[REDACTED]
 Treasurer's Email Address (optional)

13420 Sunset Meadows Ln Saint Louis, MO 63128
 Treasurer's Mailing Address, City, State, & Zip

(314) 417-4407
 Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

[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)

Robert Mahacek 13420 Sunset Meadows Lane St. Louis, MO 63128
 Name & Mailing address, City, State, & Zip of Candidate

(314) 471-6466
 Phone 1

Phone 2

08/02/2022
 Election Date

State Representative/Missouri House of Representatives
 Office Sought & Political Subdivision

Republican
 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)

I 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 Mar 29 2021 04:11 PM
 Committee Treasurer

ELECTRONICALLY FILED Mar 29 2021 04:11 PM
 Candidate (Candidate Committees Only)

