

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:	
C232578	

1.	Statement Information	
	Date: <u>10/03/2023</u>	
	Type: New Amended (if amending, enter MEC ID	& section changed
2.	Committee Information	
	South Asian DESI PAC	
	Name of Committee	(214) 614 2054
	225 S. Meramec Ave. #325 Clayton, MO 63105 Committee Mailing Address, City, State, & Zip	(314) 614-3954 Telephone Number
	[REDACTED]	St. Louis County Board of Elections
	Official Committee Email Address Committee Type: Campaign Candidate Continuing	County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee (PAC) Debt Service Exploratory Political Pary
_		(FAC) Debt service Exploratory Political Party
3.	Treasurer/Deputy Treasurer Information	
	Pari Sheth Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)
	225 S Meramec Ave Suite 225 Saint Louis, MO 63105	(314) 614-3954
	Treasurer's Mailing Address, City, State, & Zip	Phone 1 Phone 2
		[REDACTED]
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Phone 1 Phone 2
	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)
5.	Official Bank Account Information (required by all committees)	
	[REDACTED]	[REDACTED] [REDACTED]
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name Account Number
6.	Candidate Supported or Opposed (candidate committees must in	clude self, if candidate)
	Ben Keathley	
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1 Phone 2
	Election Date State Representative Office Sought & Political Subdivision	Political Party Support Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)
		
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
	Signature(s) Check certification(s) & sign (required by all committ	tees)
	■affirm and attest under penalty of perjury that information and	
	further acknowledge that I am aware that any false statement or o	declaration made herein is punishable under Ch. 575 RSMo.
	ELECTRONICALLY FILED Oct 3 2023 11:10 AM Committee Treasurer	ELECTRONICALLY FILED Oct 3 2023 11:10 AM Candidate (Candidate Committees Only)
		The state of the s