



Office Use:  
C243034

# Statement of Committee Organization

## 1. Statement Information

Date: 07/02/2024  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Friends of Sudhir Rathod  
Name of Committee

2244 McKelvey Road Maryland Heights, MO 63043  
Committee Mailing Address, City, State, & Zip

(314) 225-3084  
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

Sudhir Rathod  
Treasurer's Name (First & Last)

[REDACTED]  
Treasurer's Email Address (optional)

2244 McKelvey Road Maryland Heights, MO 63043  
Treasurer's Mailing Address, City, State, & Zip

(314) 225-3084  
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)

Sudhir Rathod 2244 McKelvey Road Maryland Heights, MO 63043  
Name & Mailing address, City, State, & Zip of Candidate

(314) 225-3084  
Phone 1

\_\_\_\_\_  
Phone 2

11/05/2024  
Election Date

County Council/St. Louis County  
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)

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 Jul 2 2024 11:21 AM  
Committee Treasurer

ELECTRONICALLY FILED Jul 2 2024 11:21 AM  
Candidate (Candidate Committees Only)