

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

Office Use: C253462

⁷ Statement of Committee Organization

1.	Statement Information			
	Date: 03/26/2025			
Type: New Amended (if amending, enter MEC ID & section changed			inged)	
2.	Committee Information			
	UnPlug Musk			
	Name of Committee		/	
	PO Box 2005 St. Louis, MO 63158 Committee Mailing Address, City, State, & Zip		(573) 222-0585 Telephone Number	
	[REDACTED]	St. Louis County Board of Elections		
	Official Committee Email Address	County Clerk, Board of Election Commissione		
	Committee Type: Campaign Candidate Continuing	(PAC) 🗌 Debt Service 🗌 Ex	ploratory Political Pary	
3.	Treasurer/Deputy Treasurer Information			
	Deb Lavender	[REDACTED]		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	PO Box 2005 St. Louis, MO 63158	(573) 222-0585		
	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	
4.	Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	onal Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C		
	ANDIDATES: 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]	[REDACTED]	[REDACTED]	
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number	
6.	Candidate Supported or Opposed (candidate committees must include self, if candidate)			
	New Other Standard Charles Constants	Dhave 4	Dhave 2	
	Name & Mailing address, City, State, & Zip of Candidate	Phone 1	Phone 2	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees must complete this section)			
	TBD	11/03/2026,Statewide	Support	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all committ	ees)		
	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				
	ELECTRONICALLY FILED Mar 26 2025 10:51 AM	ECTRONICALLY FILED Mar 26 2025 10:51 AM ELECTRONICALLY FILED Mar 26 2025 10:51 AM		
Committee Treasurer Candidate (Candidate Committees Only)				
	No 200 4200			