



# 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

OCT 22 2021

### 1. Statement Information

Date: \_\_\_\_\_

Type: ☐ New ☐ Amended (if amending, enter MEC ID A161532 & section changed 6 - Election Info)

### 2. Committee Information

**Educators for Natalie Vowell**

Name of Committee

**PO Box 150063, St Louis MO 63115**

Committee Mailing Address, City, State, & Zip

**(314) 467-0127**

Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

### 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip

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

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)

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)

**Natalie Vowell 4105 Oressell Ave**  
Name & Mailing Address, City, State & Zip of Candidate **STL Mo 63120**

**(474) 387-2328**  
Telephone Number (Candidate Committees Only)

**April 2025**  
Election Date

**member, STL City Board of Education**  
Office Sought & Political Subdivision

**Nonpartisan**  
Political Party

**Support**  
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.

**Natalie Vowell**  
Committee Treasurer

**Natalie Vowell**  
Candidate (Candidate Committees Only)