MO Ethics Commission
OCT 29 2021
Rec'd by email

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Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

1. **Statement Information**

Date: 10/12/2021

Type: ☐ New ☒ Amended (If amending, enter MEC ID C211707 & section changed Treasurer)

2. **Committee Information**

Chappell4MO
Name of Committee

2117 S. Western Ave. Springfield, MO 65807 | (417) 425-6841
Committee Mailing Address, City, State, & Zip | Telephone Number

Greene
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**

Angie Canovi
Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

3711 W. FR 14, Brighton, MO 65617 | (636) 675-3777 | (___)
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)

AMENDMENT

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)**

Name & Mailing Address, City, State & Zip of Candidate | Telephone Number (Candidate Committees Only)

Election Date | Office Sought & Political Subdivision | 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.

Angela M. Canovi
Committee Treasurer

Candidate (Candidate Committees Only)