

C222305



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

MO Ethics Commission

Office Use:
SEP 29 2023

Rec'd by email

1. Statement Information

Date: 09/29/1983
Type: New Amended (if amending, enter MEC ID C222305 & section changed _____)

2. Committee Information

Name of Committee: Daniela Velazquez for Saint Louis
Committee Mailing Address, City, State, & Zip: 2235 Thurman Ave., # 12, St. Louis, 63110
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 Name: Bree Bowen
Treasurer's Name (First & Last): 4266 Flad Ave., St. Louis, MO 63110
Treasurer's Mailing Address, City, State, & Zip: _____
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: _____ Treasurer's Work Telephone Number: _____
Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: _____
Deputy Treasurer's Email Address (optional): _____
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: _____

Amendment

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.

Bree C. Bowen
Committee Treasurer

Daniela Velazquez
Candidate (Candidate Committees Only)

X