



Office Use:

Statement of Committee Organization

1. Statement Information

Date: 03/23/2014
 Type: New Amended (if amending, enter MEC ID C101145 & section changed _____)

2. Committee Information

Committee Name: Committee To Elect Natalie A. Vowell
 Name of Committee
 3300 Miami St. 1W, St. Louis, MO 63118
 Committee Mailing Address, City, State, & Zip
 Telephone Number: (314) 467-0127

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer Name: Will Porter
 Treasurer's Name (First & Last)
 2846 Cherokee St, St. Louis, MO 63118
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
 (314) 369-0304
 Treasurer's Home Telephone Number
 Treasurer's Work Telephone Number _____
 Deputy Treasurer Name: Erik Shelquist
 Deputy Treasurer's Name (if one appointed)
 3660 Shaw Blvd, St. Louis, MO 63110
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Deputy Treasurer's Email Address (optional) _____
 (314) 795-6984
 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)

Name & Mailing Address, City, State & Zip of Candidate: Natalie A. Vowell 3300 Miami 1W, St. Louis MO 63118
 Telephone Number (Candidate Committees Only): (314) 467-0127
 Election Date: 08/5/2014 State Representative - MO 78
 Office Sought & Political Subdivision: _____
 Political Party: Democratic Party Support or Oppose: Support

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.

Committee Treasurer

 Candidate (Candidate Committees Only)

MAR 25 2014