



Office Use:          

# Statement of Committee Organization

**1. Statement Information**

Date: 11/22/2014  
 Type:  New  Amended (if amending, enter MEC ID C141568 & section changed     )

**2. Committee Information**

Name of Committee: SPENCER FOR ALDERMAN  
3407 S. JEFFERSON Telephone Number: (314) 556-7379  
 Official Committee Email Address:      County Clerk or Board of Election Commissioners: CITY OF ST. LOUIS  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): RANDALL VINES  
 Treasurer's Mailing Address, City, State, & Zip: 6115 WASHINGTON BLVD #201 ST. LOUIS, MO 63112  
 Treasurer's Email Address (optional):       
 Treasurer's Home Telephone Number: (314) 761-4469 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:     

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)**

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Name & Mailing Address, City, State & Zip of Candidate: CARA SPENCER 3759 KOSCIUSKO ST. LOUIS MO 63118 Telephone Number (Candidate Committees Only): (314) 556-7379  
 Election Date: 3/3/2015 Office Sought & Political Subdivision: ALDERMAN, ST. LOUIS 20TH WARD Political Party: DEMOCRAT 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: *Randall Vines* Candidate (Candidate Committees Only): *Cara Spencer*