



*mde*  
 1-21-15

Office Use: *BB DL*

# Statement of Committee Organization

## 1. Statement Information

Date: 01/21/15

Type:  New  Amended (if amending, enter MEC ID A151014 & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: EDUCATORS FOR NATALIE VOWELL

Committee Mailing Address, City, State, & Zip: 3867 Shaw Blvd SE STL MO 63110

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's Name (First & Last): De Janel Freeman

Treasurer's Mailing Address, City, State, & Zip: 4428 Grace St. Louis, MO 63116

Treasurer's Email Address (optional) \_\_\_\_\_

Treasurer's Home Telephone Number: (314) 536-9174

Treasurer's Work Telephone Number: \_\_\_\_\_

Deputy Treasurer's Name (if one appointed): Erik Shelquist

Deputy Treasurer's Mailing Address, City, State, & Zip: 5157 Cabs Ave STL MO 63108

Deputy Treasurer's Email Address (optional) \_\_\_\_\_

Dep. Treasurer's Home Telephone Number: (314) 795-6984

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)

Account Number \_\_\_\_\_

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

Name & Mailing Address, City, State & Zip of Candidate: Natalie Vowell 3867 Shaw SE STL MO 63110

Telephone Number (Candidate Committees Only): (314) 467-0127

Election Date: 04/07/15

Office Sought & Political Subdivision: STL Board of Education

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: *De Janel Freeman*

Candidate (Candidate Committees Only): *Natalie A. Vowell*