



# Statement of Committee Organization

**1. Statement Information**

Date: 4/15/2015  
Type:  New  Amended (if amending, enter MEC ID C141568 & section changed 6)

**2. Committee Information**

Spencer for Alderman  
Name of Committee  
3407 S. Jefferson Ave, St. Louis MO 63118 (314) 556-7379  
Committee Mailing Address, City, State, & Zip Telephone Number  
St. Louis City Board of Elections Commissioners  
County Clerk or Board of Election Commissioners  
Official Committee Email Address  
Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Michael Allen  
Treasurer's Name (First & Last)  
2749 Chippewa, St. Louis MO 63118  
Treasurer's Mailing Address, City, State, & Zip  
(314) 920-5680  
Treasurer's Home Telephone Number  
Randy Vines  
Deputy Treasurer's Name (if one appointed)  
6115 Washington #201, St. Louis MO 63112  
Deputy Treasurer's Mailing Address, City, State, & Zip  
(314) 761-4469  
Dep. Treasurer's Home Telephone Number

**4. Additional Committee Information**

AMENDMENT  
Additional Committee Officer's Name (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

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

Cara Spencer, 3407 S Jefferson STL MO 63118 (314) 556-7379  
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
3/5/2019 Alderman Ward 20 Democrat Support  
Election Date Office Sought & Political Subdivision Political Party Support or Oppose  
City of St Louis

**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.

[Signature] [Signature]  
Committee Treasurer Candidate (Candidate Committees Only)