



Office Use:  
 C201238

# Statement of Committee Organization

## 1. Statement Information

Date: 03/31/2020  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Matt Bell for Saint Louis  
 Name of Committee

4984 Chippewa St., 1E Saint Louis, MO 63109 (314) 390-6933  
 Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Louis City Board of Elections  
 Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

Committee Type:  Campaign  Candidate  Continuing(PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Harry Kennedy [REDACTED]  
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)

4959 Sutherland Ave. St. Louis, MO 63109 (314) 320-6598  
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

\_\_\_\_\_  
 Deputy Treasurer's Name (if one appointed) [REDACTED]  
 Deputy Treasurer's Email Address (optional)

\_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

## 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)

[REDACTED] [REDACTED] [REDACTED]  
 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)

Matthew Bell 4984 Chippewa St. 1E Saint Louis, MO 63109 (314) 390-6933  
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/04/2020 Committeeman/City of St. Louis Democrat  
 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.

ELECTRONICALLY FILED Apr 6 2020 01:46 PM ELECTRONICALLY FILED Apr 6 2020 01:46 PM  
 Committee Treasurer Candidate (Candidate Committees Only)