



Office Use:  
 C201287

# Statement of Committee Organization

## 1. Statement Information

Date: 04/29/2020  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Friends of Vanessa Carroll  
 Name of Committee

2928 Shenandoah Ave. St. Louis, MO 63104  
 Committee Mailing Address, City, State, & Zip

(314) 258-0650  
 Telephone Number

[REDACTED]  
 Official Committee Email Address

St. Louis City Board of Elections  
 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

Vanessa Carroll  
 Treasurer's Name (First & Last)

[REDACTED]  
 Treasurer's Email Address (optional)

2928 Shenandoah Ave St. Louis, MO 63104  
 Treasurer's Mailing Address, City, State, & Zip

(314) 258-0650  
 Phone 1

Phone 2

[REDACTED]  
 Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Name (if one appointed)

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]  
 Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]  
 Account Name

[REDACTED]  
 Account Number

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

Vanessa Carroll 2928 Shenandoah Ave St. Louis, MO 63104  
 Name & Mailing address, City, State, & Zip of Candidate

(314) 258-0650  
 Phone 1

Phone 2

08/04/2020  
 Election Date

Committeewoman/City of St. Louis  
 Office Sought & Political Subdivision

Democrat  
 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 29 2020 01:49 PM  
 Committee Treasurer

ELECTRONICALLY FILED Apr 29 2020 01:49 PM  
 Candidate (Candidate Committees Only)