



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO31173

OFFICE USE ONLY
Jan *AN*

STATEMENT DATE <u>2/17/09</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE <u>Citizens For Maria Chappelle-Nadal</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>7133 Dartmouth Ave.</u> CITY/STATE/ZIP: <u>University City, MO 63130</u>				5. TELEPHONE NUMBER <u>(314) 725-7288</u>	
8. TREASURER'S NAME <u>Neva Taylor</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>1150 Ursula Ave</u> CITY/STATE/ZIP: <u>University City, MO 63130</u>				8. TELEPHONE NUMBER HOME: <u>(314) 726-5281</u> WORK: <u>(314) 583-0305</u>	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:				11. TELEPHONE NUMBER HOME: WORK: <u>N/A</u>	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>Royal Bank Olive Blvd University City, MO 63130</u>				B. ACCOUNT NAME <u>Citizens For Maria Chappelle-Nadal</u>	
				MISSOURI ETHICS <u>[REDACTED]</u> FEB 19 2009 HAND DELIVERED	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>Maria Chappelle-Nadal</u>		B. ADDRESS <u>7133 Dartmouth Ave 63130</u>		C. TELEPHONE NO. <u>(314) 725-7288</u>	
				D. POLITICAL PARTY <u>Democrat</u>	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) <u>MARIA Chappelle-Nadal</u>		B. ELECTION DATE <u>Aug. 2000 8-3-2010</u>		C. OFFICE SOUGHT <u>State Representative</u>	
				D. POLITICAL SUBDIVISION <u>St. Louis County, Dist. 72</u>	
				CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S)		B. ELECTION DATE		C. SUBJECT AND POLITICAL SUBDIVISION	
				CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Neva Taylor</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>[Signature]</u> CANDIDATE'S SIGNATURE	