



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CD31173

OFFICE USE ONLY

*DA* *VA*

STATEMENT DATE <u>2/25/10</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 Maera 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>	
6. TREASURER'S NAME <u>Neva Taylor</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>1150 Ursula</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 type="checkbox"/> CHECK IF NO DEPUTY TREASURER <b>MISSOURI ETHICS COMMISSION</b>					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
				<b>FEB 25 2010</b>	
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		
			<b>HAND DELIVERED</b>		
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION		B. ACCOUNT NAME		C. ACCOUNT NO.	
<u>Royal Bank</u> <u>Olive Blvd</u> <u>University City, MO 63130</u>		<u>Citizens for</u> <u>Maera Chappelle-Nadal</u>			
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		B. ADDRESS		C. TELEPHONE NO.	
<u>Maera Chappelle-Nadal</u>		<u>7133 Dartmouth Ave 63130</u>		<u>(314) 725-7288</u>	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT F. OPPOSE
<u>Maera Chappelle-Nadal</u>		<u>8/3/2010</u>	<u>State Senate #14</u>	<u>St. Louis County</u>	<input checked="" type="checkbox"/> <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 F. OPPOSE
					<input type="checkbox"/> <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)		
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.		
<u>Neva Taylor</u> TREASURER'S SIGNATURE			<u>Maera Chappelle-Nadal</u> CANDIDATE'S SIGNATURE		