



Office NOV 01 2016

Statement of Committee Organization

1. Statement Information

Date: 10/27/2016
 Type: New Amended (if amending, enter MEC ID A/61532 & section changed _____)

2. Committee Information

Name of Committee: Educators for Natalie Vowell
 Committee Mailing Address, City, State, & Zip: P.O. Box #150063, St. Louis MO, 63115 Telephone Number: (314) 467-0127
 County Clerk or Board of Election Commissioners: Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): DAVID BOGER Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 3669 RUSSELL BLVD., ST. LOUIS, MO 63110 Treasurer's Home Telephone Number: (314) 882-2686 Treasurer's Work Telephone Number: () _____
 Deputy Treasurer's Name (if one appointed): Dianne "Maud" Essen
 Deputy Treasurer's Mailing Address, City, State, & Zip: 4163 W. Pine Blvd St. Louis MO 63108 Dep. Treasurer's Home Telephone Number: (314) 531-8098 Dep. Treasurer's Work Telephone Number: () _____

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)

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

Name & Mailing Address, City, State & Zip of Candidate: Natalie Vowell PO Box 150063 St. Louis MO 63115 Telephone Number (Candidate Committees Only): (314) 467-0127
 Election Date: 04/04/2017 Office Sought & Political Subdivision: St. Louis City Board of Education Political Party: N/A Support or Oppose: SUPPORT

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.

David L. Boger Committee Treasurer Natalie Vowell Candidate (Candidate Committees Only)