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SECRETARY OF THE SENATE PUBLIC RECORDS PAGE 1/1

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FEC FORM 2 STATEMENT OF CANDIDACY

Earl, Angelica	(c) City, State, and ZIP Code St. Louis DESIGNATION OF OTHER AUTHORIZED COMMITTES (d) Address (number and street) DESIGNATION OF OTHER AUTHORIZED COMMITTES (e) City, State, and ZIP Code St. Louis DESIGNATION OF OTHER AUTHORIZED COMMITTES (louding Joint Fundralising Representatives) 8. I hereby designation should be filed with the principal campaign committee, to receive and expend funds on beh candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on beh candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on beh candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on beh candidacy. NOTE: This designation should be filed with the principal campaign committee, to receive and expend funds on beh candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Louis Designation and complete. Date 1/17/2017								
(c) City, State, and ZIP Code St. Louis DESIGNATION OF PRINCIPAL CAMPAIGN Committee for the page election(s). (d) Name of Committee (in full) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) It hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. It hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. It hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. It hereby authorize the following named cammittee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. It hereby authorize the following named cammittee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. It hereby authorize the following named cammittee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. It hereby authorize the following named cammittee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. It have been a supplied to the best of my knowledge and belief it is true, correct and complete. It cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. It cartify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.	(c) City, State, and ZIP Code St. Louis DESIGNATION OF OTHER AUTHORIZED COMMITTEES ((c) City, State, and ZIP Code St. Louis DESIGNATION OF OTHER AUTHORIZED COMMITTEES ((c) City, State, and ZIP Code St. Louis DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Cammittee for the 2018 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Cammittee (in full) Angelica Earl For Missouri (b) Address (number and street) 9210 Bobb Ave. (c) City, State, and ZIP Code St. Louis MO 63114 DESIGNATION OF OTHER AUTHORIZED COMMITTEES ((nudding Joint Fundraising Representatives)) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on beh candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I carrify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Eurl, Angelica. Date 10/17/2017								
9210 Bobb Ave. (c) City, State, and ZIP Code St. Louis MO 63114 Statement No Or Money Amended St. Louis DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) NOTE: This designation should be filled with the appropriate office listed in the instructions. (a) Name of Committee (in full) DESIGNATION OF OTHER AUTHORIZED COMMITTEES (including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filled with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) Co) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date 10/17/2017	9210 Bobb Ave. (c) City, State, and ZIP Code St. Louis NO 63114 Party Affiliation DEMOCRATIC PARTY DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) Angelica Earl For Missouri (b) Address (number and street) 9210 Bobb Ave. (c) City, State, and ZIP Code St. Louis MO 63114 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) 8. I hereby authorize the following named cammittee, which is NOT my principal campaign committee, to receive and expend funds on beh candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complate. Signature of Candidate Furf. Angelica. Date 10/17/2017					<u> </u>			
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Signature of Candidate Eurl. Angelica, , 10/17/2017	Signature of Candidate Eurl. Angelica, , 10/17/2017	l certify that I have exan	nined this Statement and to I	the best of n	ny knowledge a	and belief it is true	correct and	complete	
Eurl, Angelica, , 10/17/2017	Eurl, Angelica, , 10/17/2017				,		.,		
		=				Date			
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		TE: Submission of false, erroneous, o	or incomplete information ma	ay subject th	e person signir	ng this Statement	to penalties o	of 2 U.S.C. §4	37g.
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9210 Bobb Ave. St. Wuis, MO 63114 Angelica Earl

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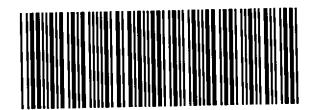
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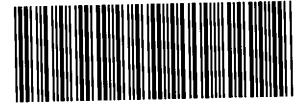
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