

17 OCT 25 PM 5:08

**FEC
FORM 1**

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Angelica Earl for Missouri

ADDRESS (number and street)

9210 Bobb Ave.

☐

(Check if address
is changed)

St. Louis

CITY ▲

MO

STATE ▲

63114

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

angelicaformissouri@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

angelicaformissouri.weebly.com

2. DATE

10 / 16 / 2017

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Anderson, Nia, . .

Signature of Treasurer

Anderson, Nia, . .

Nia Anderson

Date

10 / 17 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530

FEC FORM 1
(Revised 06/2012)

201710250200376156

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Earl, Angelica, , ,

Candidate
Party Affiliation

DEM

Office
Sought:☐ House

House

☒ Senate

Senate

☐ President

President

State

MO

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.		FEC ID number	
2.		FEC ID number	
3.		FEC ID number	
4.		FEC ID number	

201710250200376157

Write or Type Committee Name

Angelica Earl for Missouri**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Anderson, Nia, . .

Mailing Address

3105 Parker Rd

Florissant

MO

63033

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Anderson, Nia, . .

Mailing Address

3105 Parker Rd

Florissant

MO

63033

Title or Position
Treasurer

Telephone number

201710250200376158

Full Name of
Designated
Agent

Bennett, Andrew, . .

Mailing Address

573 Sarah Ln, Apart F

Creve Ceour

CITY

MO

STATE

63141

ZIP CODE

Title or Position

Campaign Manager

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Regions

Mailing Address

10906 St. Charles Rock Road

St. Ann

CITY

MO

STATE

63074

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201710250200376159

5(g) or (h). Joint Fundraising Participant:

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number

C _____
 C _____
 C _____
 C _____

FEC ID number

FEC ID number

FEC ID number

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name Earl, Angelica, _____

Mailing Address 9210 Bobb Ave. _____

 St. Louis MO 63114

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Candidate _____ Telephone Number 314 320 0219

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. _____

Mailing Address _____

CITY ▲

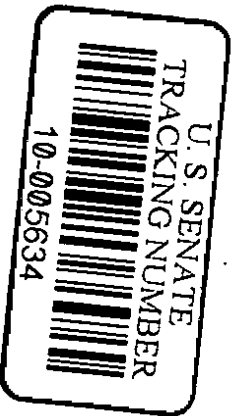
STATE ▲

ZIP CODE ▲

201710250200376160

Angelica Earl
9210 Bobb Ave.
St. Louis, MO 63114

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Senate Post Office
OCT 25 2017

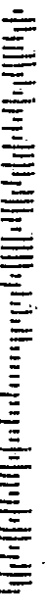


Secretary of the Senate
Office of Public Records

P.O. Box 77578

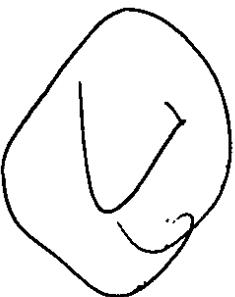
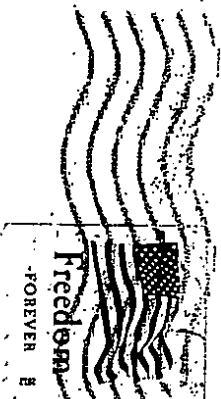
Washington, DC 20013-7578

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Date of Receipt

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

☐

UPS _____

☐

DHL _____

☐

AIRBORNE EXPRESS _____

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RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX _____

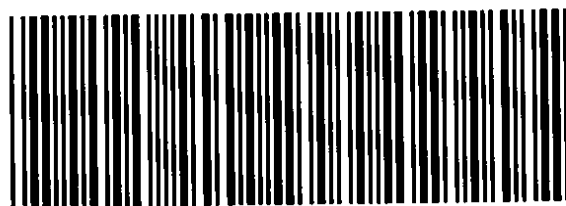
Date of Receipt

OTHER _____

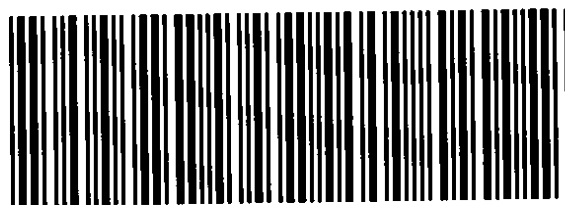
Date of Receipt or Postmark

PREPARER _____

DATE PREPARED



SEN PATCH



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