

**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

Intalere, Inc. Political Action Committee

ADDRESS (number and street)

2 CityPlace Drive, Suite 400

☐ (Check if address is changed)

St. Louis

CITY ▲

MO

STATE ▲

63141

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

christal.bowen@intalere.com

Optional Second E-Mail Address

steve.schoch@intalere.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
07 / 27 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00491555

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 Schoch, Steve, , ,

Signature of Treasurer Schoch, Steve, , ,

[Electronically Filed]









Date

MM / DD / YYYY
07 / 27 / 2021

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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

Write or Type Committee Name

Intalere, Inc. Political Action Committee**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Intalere, Inc. Political Action Committee

Mailing Address

2 CityPlace Drive, Suite 400

St. Louis

CITY

MO

STATE

63141

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

Bowen, Christal, , ,

Mailing Address

2 CityPlace Drive

Suite 400

St. Louis

CITY

MO

STATE

63141

ZIP CODE

Title or Position

HR Manager

Telephone number

314

542

1986

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

Schoch, Steve, , ,

Mailing Address

2 CityPlace Drive

Suite 400

St. Louis

CITY

MO

STATE

63141

ZIP CODE

Title or Position
CFO

Telephone number

314

542

1922

Full Name of
Designated
Agent

Schoch, Steve, , ,

Mailing Address

2 CityPlace Drive

Suite 400

St. Louis

MO

63141

CITY

STATE

ZIP CODE

Title or Position

CFO

Telephone number

314

542

1922

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.

BMO Harris Bank N.A.

Mailing Address

13205 Manchester Road

St. Louis

MO

63131

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

VIZIENT, INC., POLITICAL ACTION COMMITTEE

Mailing Address

799 9TH STREET, N.W.

SUITE 210

WASHINGTON

DC

20001

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

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲