

Image# 202404119627527323

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CHAPPELLE-NADAL, MARIA, , Ms.,		
(b) Address (number and street) 7133 DARTMOUTH AVENUE 1st Floor		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code UNIVERSITY CITY MO 63130		2. Candidate's FEC Identification Number H6MO01253
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate MO 01		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) CHAPPELLE-NADAL FOR MISSOURI		
(b) Address (number and street) P.O. BOX 300154		
(c) City, State, and ZIP Code ST. LOUIS MO 63130		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. 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 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 Chappelle-Nadal, Maria, , Ms.,	Date 04/11/2024
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--