

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Chappelle-Nadal for Congress

ADDRESS (number and street)

P.O. Box 300254

☐

(Check if address
is changed)

University City

CITY ▲

Mo

STATE ▲

631301

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

maria.chappellenadale@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

12 / 14 / 2015

3. FEC IDENTIFICATION NUMBER ►

C00589101

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

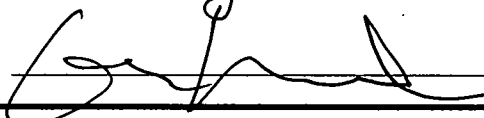
AMENDED (A)

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

George Lenard

Signature of Treasurer



Date

12 / 14 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 Marlene Chappelle-nadal

Candidate Party Affiliation DEM Office Sought: ☒ House ☐ Senate ☐ President State MO District 01

- (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	

2015-12-21 09:08 AM

Write or Type Committee Name

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

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

GEORGE L. LENARD

Mailing Address

7232 SHAFTESBURY AVE NVE

UNIVERSITY CITY

140

63139

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

$|3|4|-|324|-|6560|$

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

GEORGE L. LENARD

Mailing Address

7232 SHAFTESBURY AVENUE

UNIVERSITY CITY

Ma

63130

Title or Position

TREASURER

Telephone number

34 - 324 - 6560

RITA HEARD DAYS

3083 BELLERIVE DRIVE

ST LOUIS

Mod

63121-4621

CITY

STATE

ZIP CODE

ASSISTANT TREASURER

Telephone number 314-456-0514

- Name of Bank, Depository, etc.

ROYAL BANK OF MISSOURI

18021 OLIVE BOULEVARD

ST. LOUIS

140

163,130

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Days
rive Dr.
s, MO 63121



U.S. POSTAGE
PAID
SAINT LOUIS, MO
63130
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*Federal Election Commission
999 E Street N.W
Washington, D.C. 20463*

Federal Election Commission
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PREPARER
(3/2015)

12/21/15
DATE PREPARED

20151221 10:00:00