



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission
 AUG 31 2020

1. Statement Information

Date: 5/12/2020
 Type: New Amended (if amending, enter MEC ID C141490 & section changed Bank Info)

2. Committee Information

The Original 4th Ward Regular Democate Organization
 Name of Committee
2921 Bishop PL Scott Ave, St. Louis, MO 63107
 Committee Mailing Address, City, State, & Zip
(314) 6001261
 Telephone Number
St. Louis Board of Elections Commission
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Edward McFowland
 Treasurer's Name (First & Last)
2921 Bishop PL Scott Ave, St. Louis MO,
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(314) 6001261
 Treasurer's Home Telephone Number
(314) 5538002
 Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Email Address (optional)
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Dep. Treasurer's Home Telephone Number
 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Amendment
 Additional Committee Officer's Name & Title (if any)
 Additional Committee Officer's Mailing Address, City, State, & Zip
 Connected Organization's Name (if any)
 Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate
 Telephone Number (Candidate Committees Only)
 Election Date
 Office Sought & Political Subdivision
 Political Party
 Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure
 Election Date & Political Subdivision
 Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
Edward M. Fowland
 Committee Treasurer
 Candidate (Candidate Committees Only)