



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

DEC 08 2020
Office Use:
Missouri Ethics Commission

Statement of Committee Organization

DEC 08 2020

Received by: max

1. **Statement Information**

Date: 12/4/2020
Type: New Amended (if amending, enter MEC ID C141490 & section changed _____)

2. **Committee Information**

The Original 4th Ward Regular Democate Organization

Name of Committee
2921 Bishop P L Scott Ave, St. Louis MO, 63107 (314) 600-1261
Committee Mailing Address, City, State, & Zip Telephone Number

St. Louis Board Of Elections Commissions

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. **Treasurer/Deputy Treasurer Information**

Edward McFowland

Treasurer's Name (First & Last) Treasurer's Email Address (optional)
2921 Bishop P L Scott Ave, St. Louis MO, 63107 (314) 600-1261
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number 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**

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

AMENDMENT

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 McFowland Edward McFowland
Committee Treasurer Candidate (Candidate Committees Only)