

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

Office Use:	De
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Statement of Committee Organization

1	Chatamant Information	7 - 27				
1.	Statement Information Date: May 1, 2014					
	Type: New Amended (if amending, enter MEC ID 6 & section changed)					
2.	Committee Information					
Committee to elect Edward McFowland						
	Name of Committee 2921 Bishop P.L. Sc	ott Ave		(314) 600-1261		
	Committee Mailing Address, City, State, & Zi			Telephone Number		
	Application of the second		St. Louis Board of	Elections Commissions		
Official Committee Email Address County Clerk or Board of Election Commissioners						
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party					
3.		Information				
	Lettie Redmond					
	Treasurer's Name (First & Last) 3969 Labadie Ave, S	t Louis MO 63107	Treasurer's Email Address (optional)	1711 721 2017		
	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 (option	al)		
	Daniel Taranta Marilla Adda Charles	9.7	Control of the Contro	Dep. Treasurer's Work Telephone Number		
	Deputy Treasurer's Mailing Address, City, Sta	X	Dep. Treasurer's Home Telephone Number	er Dep. Heasurer'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			
Additional Committee Officer's Marile & Title (II ally)		,,,,,,,,				
Connected Organization's Name (if any)		Connected Organization's Mailing Address, City, State, & Zip				
	CANDIDATES: Do you have m	ore than one candidate committe	e? Tes (refer to instructions o	n back) 🔼 No		
5.	Official Bank Account Inform	ation (required by all committees	5)	.		
6.	Candidate Supported or Opposed (candidate committees must include self, if candidate)					
	Edward McFowland, 2921 Bishop P.L. Scott Ave, St. Louis, MO, 63107		(314) 600-1261	· ()		
	Name & Mailing Address, City, State & Zip of C	Recorder of Deeds	Telephone Number (Candidate Committee Democratic	<u> </u>		
	August 5, 2014 Election Date	Office Sought & Political Subdivision	Political Party	Support Support or Oppose		
7		(1.14 of St Louis				
/.	Ballot Measure Supported or	Opposed (campaign committees	must complete this section)			
	Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose		
3.	Signature(s) Check certifica	tion(s) & sign (required by all con	nmittees)			
	☐ 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 perein is supplied in the complete, the further acknowledge that I am aware that any false statement or declaration made perein is supplied in the complete of the complete o					
	Att & Salaran Government of the Market Town Wall					
	Committee Treasurer	amora	Calvidate (Candidate Committees Only)	ruy		

MO 300-1308 Packet (Rev. 07/2013) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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