



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

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Statement of Committee Organization

2015 FEB 13 PM 2:37

1. Statement Information

Date: 01/27/15

Type: New Amended (if amending, enter MEC ID A151115 & section changed _____) **ELECTION COMMISSIONERS**

2. Committee Information

Friends of Wesley Bell

Name of Committee

PO Box 35238 Ferguson, MO 63101

Committee Mailing Address, City, State, & Zip

(314) 293-9321

Telephone Number

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

3. Treasurer/Deputy Treasurer Information

Jody J. Squires

Treasurer's Name (First & Last)

637 Robert Ave. Ferguson, MO 63135

Treasurer's Mailing Address, City, State, & Zip

(314) 524-3607

Treasurer's Home Telephone Number

(314) 401-1044

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

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)

City, State, & Zip of Financial Institution

Account Name

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

Wesley Bell PO Box 35238 Ferguson, MO

Name & Mailing Address, City, State & Zip of Candidate

(314) 292-9321

Telephone Number (Candidate Committees Only)

April 7th 2015

Election Date

Ferguson City Council Ward 3

Office Sought & Political Subdivision

Democrat

Political Party

Opposed

Support or Oppose

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

N/A

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.

Committee Treasurer

Candidate (Candidate Committees Only)