



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

Missouri Ethics Commission

Office Use
 MAR 08 2018

Statement of Committee Organization

1. Statement Information

Date: 02/27/2018
 Type: New Amended (if amending, enter MEC ID A151115 & section changed 2)

2. Committee Information

Name of Committee: Friends Of Wesley Bell
 Committee Mailing Address, City, State, & Zip: PO BOX 35238 Ferguson, MO 63135
 Telephone Number: (314) 495-3730
 County Clerk or Board of Election Commissioners: St Louis County
 Official Committee Email Address: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Stephanie F. Hughes
 Treasurer's Mailing Address, City, State, & Zip: 714 Simmons Ave Kirkwood, MO 63122
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 363-6299
 Treasurer's Work Telephone Number: (314) 363-6299
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 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)

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

Name & Mailing Address, City, State & Zip of Candidate: Wesley Bell 257 S Florissant Rd #218
 Telephone Number (Candidate Committees Only): (314) 292-9321
 Election Date: 08/07/2018
 Office Sought & Political Subdivision: St Louis County Pro
 Political Party: Democrat
 Support or Oppose: Support

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.
 Committee Treasurer: [Signature]
 Candidate (Candidate Committees Only): [Signature]