



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

Statement of Committee Organization

Office Use: NOV 21 2018

1. Statement Information

Date: 11/09/2018
Type: [] New [X] Amended (if amending, enter MEC ID A151115 & section changed 6)

2. Committee Information

Name of Committee: Friends Of Wesley Bell
Name of Committee: PO BOX 35238 Ferguson, MO 63135
Telephone Number: (314) 495-3730
Official Committee Email Address:
County Clerk or Board of Election Commissioners: St Louis County
Committee Type: [] Campaign [X] 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: Amendment

CANDIDATES: Do you have more than one candidate committee? [] Yes (refer to instructions on back) [X] 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 # 318 Ferg
Election Date: 08/02/2022
Office Sought & Political Subdivision: St. Louis County Prosecutor
Telephone Number (Candidate Committees Only): (314) 292-9321
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)

[X] 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]