



Missouri Ethics Commission  
Office Use  
MAY 22 2020

# Statement of Committee Organization

**1. Statement Information**

Date: 5/4/2020  
Type:  New  Amended (if amending, enter MEC ID C201788 & section changed 2, 3)

**2. Committee Information**

Name of Committee: Committee to Elect Edward McFarland  
Committee Mailing Address, City, State, & Zip: 2921 Bishop P. L. Scott Ave St. Louis, MO 63071 Telephone Number: 314 720-4854

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**

Treasurer's Name (First & Last): CAMESHA MCFEWLAND  
Treasurer's Mailing Address, City, State, & Zip: 4150 Maffitt Ave. ST. LOUIS, MO 63113  
Treasurer's Home Telephone Number: (314) 264-9650 Treasurer's Work Telephone Number: ( )  
Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
Deputy Treasurer's Home Telephone Number: ( ) Deputy 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 Accounts Information (required by all committees)**

Name & Mailing Address, City, State, & Zip of Financial Institution: \_\_\_\_\_ Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

**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.  
Committee Treasurer: Camesha McFarland  
Candidate (Candidate Committees Only): Edward McFarland