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

Statement of Committee Organization

Office Use:
C253268

1. Statement Information

Date: 01/06/2025

Type: ■ New ☐ Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Shumway
Name of Committee

PO Box 635 O Fallon, MO 63366
Committee Mailing Address, City, State, & Zip

(636) 544-6183
Telephone Number

[REDACTED]
Official Committee Email Address

St. Charles County Election Authority
County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ■ Candidate ☐ Continuing(PAC) ☐ Debt Service ☐ Exploratory ☐ Political Pary

3. Treasurer/Deputy Treasurer Information

Don Crozier
Treasurer's Name (First & Last)

[REDACTED]
Treasurer's Email Address (optional)

1503 Belleau Lake Drive O Fallon, MO 63366
Treasurer's Mailing Address, City, State, & Zip

(636) 293-6864
Phone 1

Phone 2

Deputy Treasurer's Name (if one appointed)

[REDACTED]
Deputy Treasurer's Email Address (optional)

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

Phone 1

Phone 2

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)

[REDACTED]
Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]
Account Name

[REDACTED]
Account Number

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

Susan Shumway 14 North Kern Drive O Fallon, MO 63366
Name & Mailing address, City, State, & Zip of Candidate

(636) 544-6183
Phone 1

Phone 2

08/04/2026
Election Date

State Senator/Missouri State Senate
Office Sought & Political Subdivision

Democrat
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)

■ 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.

ELECTRONICALLY FILED Jan 6 2025 12:53 PM
Committee Treasurer

ELECTRONICALLY FILED Jan 6 2025 12:53 PM
Candidate (Candidate Committees Only)