

C201113



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

Office Use APR 07 2021

Statement of Committee Organization

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1. Statement Information

Date: 1/8/2021  
Type:  New  Amended (if amending, enter MEC ID C201113 & section changed 6)

2. Committee Information

314 Forward

Name of Committee  
8338 Osborn Drive Saint Louis, Missouri 63136 (202) 297-1543  
Telephone Number

Official Committee Email Address  
St. Louis County Board of Elections  
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) Treasurer's Email Address (optional)  
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number 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)

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)

Tishaura Jones  
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)  
Election Date Mayor - City of St. Louis 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 Candidate (Candidate Committees Only)

AMENDMENT