



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4515, helpdesk@mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission

MAY 25 2021

1. Statement Information

Date: 5/9/2021

Type: ☐ New ☒ Amended (if amending, enter MEC ID C141522 & section changed 5)

2. Committee Information

CITIZENS TO ELECT JEFFREY L BOYD

Name of Committee

1438 ROWAN AVE

Committee Mailing Address, City, State, & Zip

ST LOUIS MO 63112

Official Committee Email Address

(314) 381-9550

Telephone Number

CITY OF ST LOUIS

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

BRITTANY J. BOYD

Treasurer's Name (First & Last)

1419 ROWAN AVE APT 2F, ST LOUIS MO 63112

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

JEFFREY L BOYD

Deputy Treasurer's Name (if one appointed)

1438 ROWAN AVE, ST LOUIS MO 63112

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

Treasurer's Email Address (optional)

(314) 584-0062

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Work Telephone Number

Deputy Treasurer's Email Address (optional)

(314) 381-9550

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Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Connected Organization's Name (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

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)

JEFFREY L. BOYD, 1438 ROWAN AVE, ST LOUIS MO 63112

Name & Mailing Address, City, State & Zip of Candidate

3/7/2023

Election Date

ALDERMAN, 22ND WARD

Office Sought & Political Subdivision

(314) 381-9550

Telephone Number (Candidate Committees Only)

DEMOCRAT

Political Party

SUPPORT

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)