



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov
Statement of Committee Organization

MO Ethics Commission
Office Use:
AUG 24 2021
Rec'd by email

1. Statement Information

Date: 8/23/2021
Type: [] New [X] Amended (if amending, enter MEC ID C201499 & section changed Section 6)

2. Committee Information

Name of Committee
Committee Mailing Address, City, State, & Zip Telephone Number
Official Committee Email Address 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

AMENDMENT

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 O. Jones PO Box 56538, Saint Louis, MO 63156
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
3/4/2025 Mayor of Saint Louis City Democrat Support
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)

DocuSigned by: Rosetta Robinson
I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge and certify that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
DocuSigned by: Tishaura O. Jones
1F67B3E741FA42E... Committee Treasurer
60749852EB8F412... Candidate (Candidate Committees Only)