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MO Ethica Commission

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MO 300-1308 Packet (Rev. 1/2021)

Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

1. Statement Information Date: April 8, 2024 Type: \square New \blacksquare Amended (if amending, enter MEC ID A141320& section changed 6 2. Committee Information Friends Of Ella M. Jones <u>(314)5213308</u> 554 Monceau Drive Ferguson, MO 63135 Committee Mailing Address, City, State, & Zip St. Louis County Board of Elections County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee Official Committee Email Address ☐ Debt Service ☐ Exploratory ☐ Political Party Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) Treasurer/Deputy Treasurer Information Shirley Emerson Treasurer's Email Address (optional) Treasurer's Name (First & Last) 261 Royce Drive Ferguson, MO 63135 Treasurer's Mailing Address, City, State, & Zip 314-524-6911 Ella M. Jones Deputy Treasurer's Email Address (optional) Deputy Treasurer's Name (if one appointed) (314)521-3308 554 Monceau Drive Ferguson,MO 63135 Dep. Treasurer's Work Telephone Number Deputy Treasurer's Mailing Address, City, State, & Zip Additional Committee Information Additional Committee Officer's Mailing Address, City, State Additional Committee Officer's Name & Title (if any) Connected Organization's Mailing Address, City, State, & Zip Connected Organization's Name (if any) CANDIDATES: Do you have more than one candidate committee? \square Yes (refer to instructions on back) \square No Official Bank Account Information (required by all committees) Account Number Account Name Name & Mailing Address, City, State, & Zip of Financial Institution 6. Candidate Supported or Opposed (candidate committees mus Ella M. Jones 554Monceau Dr. Ferguson, MO63135 Telephone Number (Candidate Committees Only) Name & Mailing Address, City, State & Zip of Candidate Support Demorcat Committeewoman 08/06/2024 Support or Oppose Political Party Office Sought & Political Subdivision Election Date 7. Ballot Measure Supported or Opposed (campaign committees must complete this section) Support or Oppose Election Date & Political Subdivision Name of Ballot Measure 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 Lam aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

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