

C161382



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

Missouri Ethics Commission
Office Use:

DEC 18 2024

Received by Email

1. **Statement Information**

Date: 12/18/2024

Type: ☐ New ☒ Amended (if amending, enter MEC ID C161382 & section changed _____)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 Party3. **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) ☐ No5. **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)**

Pamela Boyd

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

(_____) Telephone Number (Candidate Committees Only) _____

03/05/2025

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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)**

☒ 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.

Brenda Montgomery

Committee Treasurer

Pamela Boyd

Candidate (Candidate Committees Only)