



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C071342

OFFICE USE ONLY

SB *De*

STATEMENT DATE 03/06/2012		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 18
3. FULL NAME OF COMMITTEE Citizens for Tishaura O. Jones				
4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :			5. TELEPHONE NUMBER	
6. TREASURER'S NAME				
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :			8. TELEPHONE NUMBER HOME: WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER				
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :			11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE			13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.				
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE				
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) POLITICAL PARTY A. NAME B. ADDRESS C. TELEPHONE NO. D. PARTY				
AMENDMENT				
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS				
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) Tishaura O. Jones		B. ELECTION DATE 08/07/2012		C. OFFICE SOUGHT State Representative
		D. POLITICAL SUBDIVISION District 63		CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S)		B. ELECTION DATE		C. SUBJECT AND POLITICAL SUBDIVISION
				CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.	
 TREASURER'S SIGNATURE			 CANDIDATE'S SIGNATURE	