



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C01026

OFFICE USE ONLY

*[Handwritten signature]*

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 18B	
3. FULL NAME OF COMMITTEE Citizens to Elect Jeffrey L. Boyd					
4. COMMITTEE MAILING ADDRESS ADDRESS: 1438 Rowan Ave. CITY / STATE / ZIP: St. Louis, MO 63112				5. TELEPHONE NUMBER 314-383-2693	
6. TREASURER'S NAME Patrice A. Johnson-Boyd					
7. TREASURER'S MAILING ADDRESS ADDRESS: 1438 Rowan Ave CITY / STATE / ZIP: St. Louis, MO 63112				8. TELEPHONE NUMBER HOME: 314-383-2693 WORK: 314-454-7965	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Jeffrey L. Boyd					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 1438 Rowan Ave CITY / STATE / ZIP: St. Louis, MO 63112				11. TELEPHONE NUMBER HOME: 314-383-2693 WORK: 314-622-3287	
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 checked="" 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 checked="" 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) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY Jeffrey L. Boyd 1438 Rowan Ave 314-383-2693 Democrat					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
<b>AMENDMENT</b>					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE Jeffrey L. Boyd 04/05/2011 Alderman City of St. Louis <input checked="" type="checkbox"/> <input type="checkbox"/>					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE <input type="checkbox"/> <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <i>Patrice A. Johnson-Boyd</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <i>Jeffrey L. Boyd</i> CANDIDATE'S SIGNATURE		