



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID #

C031026
C01026

OFFICE USE ONLY

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					
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 03/03/2015 Alderman ward 22 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 AMENDMENT <input type="checkbox"/> <input type="checkbox"/>					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Patrice A. Johnson-Boyd TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Jeffrey L. Boyd CANDIDATE'S SIGNATURE		