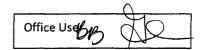


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1.	Statement Information  Date: November 1, 2013	<u></u>	
	Type: New Amended (if amending, enter MEC ID	C121454 & section	changed 6
2.	Committee Information	<u> </u>	
	Citizens to Elect Jeffrey L Boyd		
	5879 Martin Luther King Dr.,St. Louis, MO 63	3112-3712	(314) 381-9550
	Committee Adulta- Clar Cente 9. 7in		Telephone Number
		City of St. Louis	
	Official Committee Email Address	County Clerk or Board of Election Comm	
	Committee Type: Campaign Candidate Continuin	g (PAC) Debt Service Ex	ploratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Patrice A. Johnson-Boyd	•	
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	214 454 7065
	1438 Rowan Ave, St. Louis, MO 63112 Treasurer's Malling Address, City, State, & Zip	(314) 383-2693	(314) 454-7965 Treasurer's Work Telephone Number
	Jeffrey L. Boyd		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)
	1438 Rowan Ave, St. Louis, MO 63112	(314) 383-2693	(314) 381-9550
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	er Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		Sec. 19.0
	ABETAIDARTAIT		
	Additional donninger-rich sysma & Irtic (t in )	Additional Committee Officer's Mailing Address, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Mailing Addres	s, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	mitton? Ves /refer to instructions on back) V No	
5.	Official Bank Account Information (required by all committee		ii back) [] 140
		<u></u>	
	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Account Number
<b>5</b> .	Candidate Supported or Opposed (candidate committees mus	st_include self. if candidate)	
	Jeffrey L. Boyd, 1438 Rowan Ave, St. Louis, MO 63112	, 314 <sub>)</sub> 381-9550	/ \
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committee	. \/
	August 5, 2014 License Collector City of St. Louis	Democrat	Support
	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
3.	Signature(s) Check certification(s) & sign (required by all con	nmittees)	
	I affirm and attest under penalty of perjury that information	and facts in this report are comp	olete, true, and accurate. I
	further acknowledge that I am aware that any false statement o		
	Fatrice Volnom - Lord		3
	Committee Treasurer	Candidate (Candidate Commit ees Only)	72
10	Form must be completed in full & contain o	riginal signature(s), fax filings a	re not accepted. Page 1 of 3

Packet (Rev. 07/2013)

Missouri Ethics Commission

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