



Office Use: *DB* *DL*

Statement of Committee Organization

1. Statement Information

Date: 07/31/2014
 Type: New Amended (if amending, enter MEC ID C071342 & section changed 2, 3, & 6)

2. Committee Information

Name of Committee: CITIZENS for Tishaura Jones
 Committee Mailing Address, City, State, & Zip: PO Box 56538 St. Louis, MO 63156 Telephone Number: ()
 Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Kimberly A. Spearmon Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 2361 S. Compton Ave St. Louis, MO 63104 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): **AMENDMENT** 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) No

5. Official Bank Account Information

Name & Mailing Address, City, State, & Zip of Financial Institution: _____ Account Name: _____ Account Number: _____

6. Candidate Supported or Opposed

Name & Mailing Address, City, State & Zip of Candidate: Tishaura O Jones 5525 Cabanne Ave. St. Louis, MO 63112 Telephone Number (Candidate Committees Only): ()
 Election Date: _____ Office Sought & Political Subdivision: _____ Political Party: _____ Support or Oppose: _____

7. Ballot Measure Supported or Opposed

Name of Ballot Measure: _____ Election Date & Political Subdivision: _____ Support or Oppose: _____

8. Signature(s) Check certification(s) & sign

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.
 Committee Treasurer: *K. Spearmon* Candidate (Candidate Committees Only): *Tishaura Jones*