



Office User: *Bob De*

# Statement of Committee Organization

## 1. Statement Information

Date: 9/4/2014  
 Type:  New  Amended (if amending, enter MEC ID C141522 & section changed \_\_\_\_\_)

## 2. Committee Information

Citizens to Elect Jeffrey L. Boyd  
 Name of Committee  
5879 Martin Luther King Dr (314) 381-9550  
Name of Committee Telephone Number  
City of St Louis  
County Clerk or Board of Election Commissioners  
 Official Committee Email Address  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Patrice A. Johnson-Boyd  
 Treasurer's Name (First & Last)  
1438 Rowan Ave  
 Treasurer's Mailing Address, City, State, & Zip  
Jeffrey L. Boyd, St Louis, MO 63112  
 Deputy Treasurer's Name (if one appointed)  
1438 Rowan Ave, St Louis, MO 63112  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Treasurer's Email Address (optional)  
(314) 383-2693  
 Treasurer's Home Telephone Number  
 Treasurer's Work Telephone Number  
 Deputy Treasurer's Home Telephone Number  
 Dep. Treasurer's Work Telephone Number

## 4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)  
 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 (required by all committees)

Bank Name

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Jeffrey L. Boyd, 1438 Rowan Ave, St Louis, MO 63112  
 Name & Mailing Address, City, State & Zip of Candidate  
03/03/2015 Alderman, 22nd Ward Democrat Support  
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose  
City of St Louis

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

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

## 8. Signature(s) Check certification(s) & sign (required by all committees)

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.

*Patrice A. Johnson-Boyd* *Jeffrey L. Boyd*  
 Committee Treasurer Candidate (Candidate Committees Only)