



Statement of Committee Organization

1. Statement Information

Date: 11/5/2014
 Type: New Amended (if amending, enter MEC ID A141320 & section changed _____)

2. Committee Information

Friends of Ella M. Jones

Name of Committee
554 Monceau Drive St. Louis, MO 63135 (314) 521-3308
 Committee Mailing Address, City, State, & Zip Telephone Number

St. Louis County Board of Elections
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Sandra Sansevere
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
18 Elizabeth St. Louis, MO 63135 (314) 604-6310
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Ella M. Jones
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)
554 Monceau Drive 63135 St. Louis MO (314) 521-3308
 Deputy Treasurer's Mailing Address, City, State, & Zip 63135 Dep. 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)

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

Ella M. Jones 554 Monceau Drive 63135 St. Louis MO 63135 (314) 521-3308
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
 Election Date: 04/07/2015 Office Sought & Political Subdivision: City Council ward 1 Political Party: democrat Support or Oppose: support
 City of Ferguson

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.

Sandra Sansevere Committee Treasurer Ella M. Jones Candidate (Candidate Committees Only)