



Office Use: BB
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Statement of Committee Organization

1. Statement Information

Date: 7/9/2015
 Type: New Amended (if amending, enter MEC ID C141522 & section changed 6)

2. Committee Information

Citizens to Elect Jeffrey L. Boyd
 Name of Committee
 5879 Martin Luther King Dr
 Committee Mailing Address, City, State, & Zip
 (314) 381-9550
 Telephone Number
 City of St Louis
 County Clerk or Board of Election Commissioners
 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
 (314) 383-2693
 Treasurer's Home Telephone Number
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 Treasurer's Work Telephone Number
 (314) 383-2693
 Dep. Treasurer's Home Telephone Number
 (314) 622-3287
 Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

AMENDMENT
 Additional Committee Officer's Name & Title (if any)
 Connected Organization's Name (if any)
 Additional Committee Officer's Mailing Address, City, State, & Zip
 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)

Jeffrey L. Boyd, 1438 Rowan Ave, St Louis, MO 63112
 Name & Mailing Address, City, State & Zip of Candidate
 03/05/2019
 Election Date
 Alderman, 22nd Ward
 Office Sought & Political Subdivision
 Democrat
 Political Party
 Support
 Support or Oppose
 (314) 383-2693
 Telephone Number (Candidate Committees Only)
 ()
 (314) 383-2693
 Dep. Treasurer's Home Telephone Number
 (314) 622-3287
 Dep. Treasurer's Work Telephone Number

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
 Committee Treasurer
 [Signature]
 Candidate (Candidate Committees Only)