



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

Missouri Ethics Commission

Office Use NOV 21 2016

Statement of Committee Organization

1. Statement Information

Date: November 15, 2016

Type: New Amended (if amending, enter MEC ID CKe1382 & section changed _____)

2. Committee Information

Committee to Elect Pam Boyd

Name of Committee

5642 Pamplin Place St. Louis, Mo. 63136

Committee Mailing Address, City, State, & Zip

(314) 382-1078

Telephone Number

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Brenda S. Montgomery

Treasurer's Name (First & Last)

335 Wiegel Dr. Ferguson, Mo. 63135

Treasurer's Mailing Address, City, State, & Zip

(314) 363-8545

Treasurer's Home Telephone Number

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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

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Dep. Treasurer's Home Telephone Number

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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)

Pamela Boyd, 5642 Pamplin Place St. Louis, Mo. 63136

Name & Mailing Address, City, State & Zip of Candidate

(314) 382-1078

Telephone Number (Candidate Committees Only)

March 7, 2016

Election Date

Aldersperson 27th Ward

Office Sought & Political Subdivision

Democrate

Political Party

Support

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

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.

Brenda S. Montgomery
 Committee Treasurer

Pamela Boyd
 Candidate (Candidate Committees Only)