



Office Use: **DEC 01 2016**  
*[Signature]*

# Statement of Committee Organization

**1. Statement Information**

Date: 11/28/2016

Type:  New  Amended (if amending, enter MEC ID c141522 & section changed #3 & #6)

**2. Committee Information**

Citizens to Elect Jeffrey L. Boyd

Name of Committee

5879 Martin Luther King Dr, St Louis MO 63112

Committee Mailing Address City, St

(314) 381-9550

Telephone Number

City of St. Louis

County Clerk or Board of Election Commissioners

Committee Email Address

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

**3. Treasurer/Deputy Treasurer Information**

Brittany Boyd

Treasurer's Name (First & Last)

1438 Rowan Ave, St Louis MO 63112

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

Treasurer's Email Address (optional)

(314) 584-0062

Treasurer's Home Telephone Number

( )

Treasurer's Work Telephone Number

Jeffrey L. Boyd

Deputy Treasurer's Name (if one appointed)

1438 Rowan Ave, St. Louis MO 63112

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

Deputy Treasurer's Email Address (optional)

( )

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)**

Jeffrey L. Boyd, 1438 Rowan Ave, St. Louis, MO 63112

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

(314) 383-2693

Telephone Number (Candidate Committees Only)

March 7, 2017

Election Date

Mayor

Office Sought & Political Subdivision

Democrat

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.

*[Signature]*  
 Committee Treasurer

*[Signature]*  
 Candidate (Candidate Committees Only)