



Office Use
APR 11 2017

Statement of Committee Organization

1. Statement Information

Date: 4/6/2017
 Type: New Amended (if amending, enter MEC ID C141522 & section changed #6)

2. Committee Information

Citizens to Elect Jeffrey L Boyd
 Name of Committee
1438 Rowan Ave, St Louis MO 63112 (314) 381-9550
 Committee Mailing Address 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

Brittany J. Boyd
 Treasurer's Name (First & Last) 1438 Rowan Ave, St Louis MO 63112
 Treasurer's Mailing Address, City, State, & Zip
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
 Treasurer's Email Address (optional) _____
(314) 383-2693 _____
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional) _____
(314) 383-2693 _____
 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 (314) 381-9550 _____
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
3/5/2019 Alderman, 22nd Ward Democrat Support
 Election Date Office Sought & Political Subdivision Political Party 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.

_____ _____
 Committee Treasurer Candidate (Candidate Committees Only)