



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

Office APR 24 2017 [Signature]

Statement of Committee Organization

1. Statement Information

Date: April 21, 2017

Type: [] New [X] Amended (if amending, enter MEC ID A141320 & section changed 6b)

2. Committee Information

Friends of Ella M. Jones

Name of Committee

554 Monceau Drive St. Louis, MO 63135

Committee Mailing Address, City, State, & Zip

(314) 521-3308

Telephone Number

St. Louis County Board of Election

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Shirley Emerson

Treasurer's Name (First & Last)

261 Royce Drive St. Louis, MO 63135

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

Treasurer's Email Address (optional)

(314) 521-6911

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Ella M. Jones

Deputy Treasurer's Name (if one appointed)

554 Monceau Drive 63135

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

Deputy Treasurer's Email Address (optional)

(314) 521-3308

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

Amendment

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) [X] 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 Dr. 63135

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

(314) 521-3308

Telephone Number (Candidate Committees Only)

04/03/2018

Election Date

Council

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: Shirley Emerson]

Committee Treasurer

[Signature: Ella M. Jones]

Candidate (Candidate Committees Only)