



Office Use:
APR 26 2018

Statement of Committee Organization

1. Statement Information

Date: April 21, 2018

Type: New Amended (if amending, enter MEC ID A141320 & section changed 3a and 6b)

2. Committee Information

Friends Of Ella M. Jones

Name of Committee

554 Monceau Drive

Committee Mailing Address, City, State, & Zip

(314) 521-3308

Telephone Number

St. Louis County Board of Election

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

Shirley Emerson

Treasurer's Name (First & Last)

261 Royce Drive St. Louis, MO 63135

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

Ella M. Jones

Deputy Treasurer's Name (if one appointed)

554 Monceau Drive

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

Treasurer's Email Address (optional)

(314) 524-6911

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

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 Officers Name & Title (if any)

AMENDMENT

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)

Ella M. Jones 554 Monceau Drive 63135

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

(314) 521-3308

Telephone Number (Candidate Committees Only)

04/07/2020

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.

Shirley Emerson
Committee Treasurer

Ella M. Jones
Candidate (Candidate Committees Only)