



Office Use:  
 C201154

# Statement of Committee Organization

## 1. Statement Information

Date: 02/25/2020  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Friends of Jeffrey Boyd  
 Name of Committee

5879 Dr Martin Luther King Dr St Louis, MO 63112  
 Committee Mailing Address, City, State, & Zip

(314) 381-9550  
 Telephone Number

[REDACTED]  
 Official Committee Email Address

St. Louis City Board of Elections  
 County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

## 3. Treasurer/Deputy Treasurer Information

Brittany Boyd  
 Treasurer's Name (First & Last)

[REDACTED]  
 Treasurer's Email Address (optional)

1419 Rowan Ave F St Louis, MO 63112  
 Treasurer's Mailing Address, City, State, & Zip

(314) 584-0062  
 Phone 1

Phone 2

JeffreyEFFREY Boyd  
 Deputy Treasurer's Name (if one appointed)

[REDACTED]  
 Deputy Treasurer's Email Address (optional)

1438 Rowan Ave St Louis, MO 63112  
 Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 383-2693  
 Phone 1

Phone 2

## 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)

[REDACTED]  
 Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]  
 Account Name

[REDACTED]  
 Account Number

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Jeffrey Boyd 1438 Rowan Ave St Louis, MO 63112  
 Name & Mailing address, City, State, & Zip of Candidate

(314) 383-2693  
 Phone 1

Phone 2

08/04/2020  
 Election Date

Treasurer/City of St. Louis  
 Office Sought & Political Subdivision

Democrat  
 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.

ELECTRONICALLY FILED Feb 25 2020 11:44 AM  
 Committee Treasurer

ELECTRONICALLY FILED Feb 25 2020 11:44 AM  
 Candidate (Candidate Committees Only)