



Office Use:  
 A222632

# Statement of Committee Organization

## 1. Statement Information

Date: 09/22/2022  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Committee to reelect Donna Jones  
 Name of Committee  
 PO Box 5113 St. Louis, MO 63115  
 Committee Mailing Address, City, State, & Zip  
 (314) 202-4026  
 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

Miya Taylor  
 Treasurer's Name (First & Last)  
 2229 A S Tenth Street St. Louis, MO 63104  
 Treasurer's Mailing Address, City, State, & Zip  
 [REDACTED]  
 Treasurer's Email Address (optional)  
 (314) 202-4026  
 Phone 1 Phone 2  
 [REDACTED]  
 Deputy Treasurer's Name (if one appointed)  
 Deputy Treasurer's Email Address (optional)  
 /  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 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)

Donna Jones PO Box 5113 St.Louis, MO 63115  
 Name & Mailing address, City, State, & Zip of Candidate  
 (314) 202-4026  
 Phone 1 Phone 2  
 11/08/2022  
 Election Date  
 Boardmember/St. Louis City School District  
 Office Sought & Political Subdivision  
 Non-Partisan  
 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)

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 Sep 22 2022 11:33 AM  
 Committee Treasurer  
 ELECTRONICALLY FILED Sep 22 2022 11:33 AM  
 Candidate (Candidate Committees Only)