



Office Use:
A222644

Statement of Committee Organization

1. Statement Information

Date: 11/17/2022
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Jamal E. Bailey
 Name of Committee
11333 Sugar Pine Dr Florissant, MO 63033 (314) 608-7426
 Committee Mailing Address, City, State, & Zip Telephone Number
[REDACTED] St. Louis County Board of Elections
 Official Committee Email Address 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

Quinshala Wrenn [REDACTED]
 Treasurer's Name (First & Last) Treasurer's Email Address (optional)
11333 Sugar Pine Dr 1008 Florissant, MO 63033 (314) 853-2003
 Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2
 Deputy Treasurer's Name (if one appointed) [REDACTED]
 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] [REDACTED] [REDACTED]
 Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

Jamal Bailey 11333 Sugar Pine Dr 1008 Florissant, MO 63033 (314) 608-7426
 Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2
04/04/2023 Boardmember/Ferguson-Florissant School District Non-Partisan
 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)

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 Nov 17 2022 11:13 AM ELECTRONICALLY FILED Nov 17 2022 11:13 AM
 Committee Treasurer Candidate (Candidate Committees Only)