



# Statement of Committee Organization

*Jed*

**1. Statement Information**

Date: October 20, 2016

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 St. Louis, MO 63135

(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

Treasurer's Email Address (optional)

(314) 524-6911

Treasurer's Home Telephone Number

( )  
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

( )  
Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Additional Committee Officer's 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 Dr. 63135

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

(314) 521-3308

Telephone Number (Candidate Committees Only)

04/04/2017

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)