



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov
Statement of Committee Organization

MO Ethics Commission
 Office Use:
 NOV 02 2022
 Rec'd by email

0222287

1. Statement Information

Date: 10.28.22
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Citizens to Protect Robertson
 Name of Committee
PO Box 23 Hazelwood MO 63042 (314) 691-9338
 Committee Mailing Address, City, State, & Zip Telephone Number
St. Louis County
 Official Committee Email Address County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Coren Anderson
 Treasurer's Name (First & Last) [Redacted]
5204 Ville Maura Ct. Hazelwood MO 63042 Treasurer's Email Address (optional) (314) 691-9338
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number
N/A N/A
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)
N/A () N/A
 Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number
[Redacted] () N/A

4. Additional Committee Information

N/A N/A
 Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip
N/A N/A
 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]
 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)

N/A () N/A () N/A
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
N/A N/A N/A
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

N/A N/A N/A
 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.
[Signature] [Redacted]
 Committee Treasurer Candidate (Candidate Committees Only)