



Office Use *Job* *Be*

Statement of Committee Organization

1. Statement Information

Date: 7/15/15
 Type: New Amended (if amending, enter MEC ID C151124 & section changed _____)

2. Committee Information

Name of Committee: ROBERTS FOR ST. LOUIS
 Committee Mailing Address, City, State, & Zip: P.O. BOX 771671 ST. LOUIS, MO 63177-1671 Telephone Number: (314) 374-8554

County Clerk of Board of Election Commissioners: ST. LOUIS CITY
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): KENNETH M. STONE Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: P.O. BOX 771811 ST. LOUIS, MO 63177-1811 Treasurer's Home Telephone Number: (314) 374-8554 Treasurer's Work Telephone Number: (314) 374-8554

Deputy Treasurer's Name (if one appointed): NA Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: NA Dep. Treasurer's Home Telephone Number: () Dep. Treasurer's Work Telephone Number: ()

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): NA 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)

_____ Account Number: _____

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

Be Name & Mailing Address, City, State & Zip of Candidate: STEVE ROBERTS JR, P.O. BOX 771671 ST. LOUIS, MO 63177-1671 Telephone Number (Candidate Committees Only): (314) 374-8554
 Election Date: 8-2-2016 Office Sought & Political Subdivision: CIRCUIT ATTORNEY, City of St. Louis Political Party: DEMOCRAT Support or Oppose: _____

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

Name of Ballot Measure: NA 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.

Committee Treasurer: Kenneth M. Stone Candidate (Candidate Committees Only): [Signature]