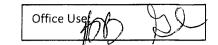


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 7/15/15	- 11 2 <i>i</i>	
	Type: New Amended (if amending, enter MEC ID	51124 & section ch	anged)
2. Committee Information			
	ROBERTS FOR ST. LOUIS		
	POROX 77167/ STLOWS, A	10 63177-1671	(3/4),374-8554 Telephone Number
		STILL CLTY County Clerk of Board of Election Commissi	
		County Clerk of Board of Election Commissi	oners
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party			oratory Political Party
3.	Treasurer/Deputy Treasurer Information	Control of the second	
	Treasurer's Name (First & Task) M. STONE	Treasurer's Email Address (opnoria-	
	Pro Box 771811 ST. Louis No 63/11-18	W Treasurer's Home Telephone Number	(3/4) 374~ 8554 Treasurer's World Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	() Dep. Treasurer's Home Telephone Number	() Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	ress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, (Tity State & Zin
		Common .	NO SHOOT
5	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	Yes (refer to instructions on	back) L No
	one and a country and a commerce of		
			Account Number
5	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
-	Canada Asia a No. B. Annatical	(2011) 2711 Acril	
	Name & Mailing Address, City, 6tate & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	8-2-20/6 CIRCUIT A PROBAGEN	DEMOCRAT	
	Election Date Office Sought & Political Subdivision T	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.			
further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			shable under Ch. 575 RSMo.
	Hennith M. Stons	On / Man	
	Commixted Treasure IVVVVV	Candidate (Candidate Committees Only)	Commission