



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

Office Use: gl

# Statement of Committee Organization

## 1. Statement Information

Date: 12/9/2015  
 Type:  New  Amended (if amending, enter MEC ID C151126 & section changed 6)

## 2. Committee Information

Name of Committee: ROBERTS FOR ST. LOUIS  
 Committee Mailing Address, City, State, & Zip: P.O. Box 771671 Telephone Number: (314) 374-8554  
 Official Committee Email Address: \_\_\_\_\_ County Clerk or 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): \_\_\_\_\_ Treasurer's Email Address (optional): \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_ Treasurer's Home Telephone Number: (\_\_\_\_) \_\_\_\_\_ Treasurer's Work 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 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)

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)

Name & Mailing Address, City, State, & Zip of Candidate: ROBERTS FOR ST. LOUIS P.O. Box 771671 Telephone Number (Candidate Committees Only): (314) 374-8554  
9/2/2016 SP. LOUIS, MO 63177-1671 STATE REPRESENTATIVE DEMOCRAT Support or Oppose: \_\_\_\_\_  
 Election Date: \_\_\_\_\_ Office Sought & Political Subdivision: 77TH DIST. Political Party: \_\_\_\_\_

## 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.

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