



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

Office Use AUG 10 2018  
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# Statement of Committee Organization

### 1. Statement Information

Date: 7/23/2018  
Type:  New  Amended (if amending, enter MEC ID c151126 & section changed 3)

### 2. Committee Information

**Roberts for St. Louis**  
Name of Committee  
Committee Mailing Address, City, State, & Zip: P.O. Box 771671 City of St. Louis  
Telephone Number: (314) 283-7058  
County Clerk or Board of Election Commissioners  
Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

### 3. Treasurer/Deputy Treasurer Information

**Celeste Metcalf**  
Treasurer's Name (First & Last)  
Treasurer's Mailing Address, City, State, & Zip: 12 Windermere Pl, St. Louis, MO 63113  
Treasurer's Email Address (optional)  
Treasurer's Home Telephone Number: (314) 367-1602  
Treasurer's Work Telephone Number: (314) 367-1602  
Deputy Treasurer's Name (if one appointed)  
Deputy Treasurer's Mailing Address, City, State, & Zip  
Deputy Treasurer's Email Address (optional)  
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

**AMENDMENT**

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  
Telephone Number (Candidate Committees Only)  
Election Date  
Office Sought & Political Subdivision  
Political Party  
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.

Celeste Metcalf Committee Treasurer  
[Signature] Candidate (Candidate Committees Only)