



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

Office Use: DE FEB 04 2019

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 1/31/19

Type: New Amended (if amending, enter MEC ID C151126 & section changed 3 & 4)

2. Committee Information

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Name of Committee: Roberts For St Louis

Committee Mailing Address, City, State, & Zip

Telephone Number

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): STEVEN ROBERTS

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip: PO Box 771071 St Louis MO 63103

Treasurer's Home Telephone Number: (314) 283-7058 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

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 candidates)

Name & Mailing Address, City, State, & Zip of Financial Institution

Banker Name

Account Number

6. Candidate Information (Required by all candidates)

Name & Mailing Address, City, State, & Zip of Candidate

Telephone Number (Candidate Committee Only)

Election Date: 8-4-2020

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Information (Required by all candidates)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature and Attestation (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]
Committee Chair

[Signature]
Committee Secretary