



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

Office Use: MAY 13 2019

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 5/13/2019
Type: [] New [x] Amended (if amending, enter MEC ID C151126 & section changed 3 & 6)

2. Committee Information

Roberts For St Louis
Name of Committee: PO BOX 771671
Committee Mailing Address, City, State, & Zip: St Louis Board of Elections
Telephone Number:
Committee Type: [] Campaign [x] Candidate [] Continuing (PAC) [] Debt Service [] Exploratory [] Political Party

3. Treasurer/Deputy Treasurer Information

James D. Hill
Treasurer's Name (First & Last): James D. Hill
Treasurer's Mailing Address, City, State, & Zip: 5241 Cote Brillante St Louis, MO 63113
Treasurer's Email Address (optional):
Treasurer's Home Telephone Number: (314) 367-1759
Treasurer's Work Telephone Number: (314) 249-6580
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

AMENDMENT
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) [x] 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:
Election Date: 8/4/2020
Office Sought & Political Subdivision: State Senate #5
Telephone Number (Candidate Committees Only):
Political Party: Democrat
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)

[x] 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 of Committee Treasurer: James D. Hill

Signature of Candidate: [Signature]