



Office Use: BB JS

# Statement of Committee Organization

## 1. Statement Information

Date: 8/22/2015  
 Type:  New  Amended (if amending, enter MEC ID C151173 & section changed \_\_\_\_\_)

## 2. Committee Information

**UCity United**  
 Name of Committee  
7471 Kingsbury Blvd. St Louis MO 63130 (314) 283-5402  
 Committee Mailing Address, City, State, & Zip Telephone Number

Saint Louis County  
 County Clerk or Board of Election Commissioners

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

## 3. Treasurer/Deputy Treasurer Information

**Bart Stewart**  
 Treasurer's Name (First & Last)  
714 Harvard Ave. St. Louis MO 63130 (314) 725-0344  
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number  
 Treasurer's Email Address (optional) \_\_\_\_\_  
 Treasurer's Work Telephone Number \_\_\_\_\_  
 Missouri Ethics Commission  
 Deputy Treasurer's Name (if one appointed) \_\_\_\_\_  
 Deputy Treasurer's Email Address (optional) SEP 08 2015  
 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)

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

<u>n/a</u> Name & Mailing Address, City, State & Zip of Candidate	<u>n/a</u> Telephone Number (Candidate Committees Only)	<u>( )</u> Political Party	<u>( )</u> Support or Oppose
<u>n/a</u> Election Date	<u>n/a</u> Office Sought & Political Subdivision	<u>n/a</u> Political Party	<u>n/a</u> Support or Oppose

## 7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

<u>n/a</u> Name of Ballot Measure	<u>n/a</u> Election Date & Political Subdivision	<u>n/a</u> Support or Oppose
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## 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.

[Signature]  
 Committee Treasurer  
n/a  
 Candidate (Candidate Committees Only)