



Missouri Ethics Commission
 Office Use
 APR 10 2019

Statement of Committee Organization

1. Statement Information

Date: 4/8/19
 Type: New Amended (if amending, enter MEC ID C190777 & section changed 4, 7)

2. Committee Information

Unite STL
 Name of Committee
120 S. Central Ave., Suite 1500, Clayton MO 63105
 Committee Mailing Address, City, State, & Zip
(314) 863-1500
 Telephone Number
St. Louis County Board of Election Commissioners
 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) _____
 Treasurer's Mailing Address, City, State, & Zip _____
 Deputy Treasurer's Name (if one appointed) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip _____
 Treasurer's Email Address (optional) _____
 Treasurer's Home Telephone Number (____) _____
 Treasurer's Work Telephone Number (____) _____
 Deputy Treasurer's Email Address (optional) _____
 Dep. Treasurer's Home Telephone Number (____) _____
 Dep. Treasurer's Work Telephone Number (____) _____

4. Additional Committee Information

Nancy Rice, President
 Additional Committee Officer's Name & Title (if any)
1034 S. Brentwood Blvd., Ste. 1700, St. Louis, MO 63117
 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(s) _____
 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)

Proposed Initiative Petition 2020-054
 Name of Ballot Measure
11/3/20; State of Missouri
 Election Date & Political Subdivision
Support
 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.
Angela
 Committee Treasurer/Deputy Treasurer
 Candidate (Candidate Committees Only)