

C171401

NOV 14 2024



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Received by Email

Office Use:

Statement of Committee Organization

1. Statement Information

Date: 11/14/24
Type: New Amended (if amending, enter MEC ID C171401 & section changed 6)

2. Committee Information

Name of Committee: THE COMMITTEE TO ELECT STEVE BUTZ
Committee Mailing Address, City, State, & Zip: 3823 HOLLY HILLS BLVD ST. LOUIS, MO. 63116
Telephone Number: (314) 250-1710

Official Committee Email Address: _____
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): TED HARTZLER
Treasurer's Mailing Address, City, State, & Zip: 3757 WILMINGTON ST. LOUIS, MO 63116
Treasurer's Email Address (optional): _____
Treasurer's Home Telephone Number: (314) 497-5195
Treasurer's Work Telephone Number: (314) 752-3631

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) No

5. Official Bank Account Information (required by all committees)

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

Name & Mailing Address, City, State & Zip of Candidate: STEVE BUTZ
Election Date: AUG 31 2026
Office Sought & Political Subdivision: STATE SENATE District 4
Telephone Number (Candidate Committees Only): (314) 250-1710
Political Party: DEMOCRAT
Support or Oppose: SUPPORT

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.

Committee Treasurer: [Signature]
Candidate (Candidate Committees Only): [Signature]

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