



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

# AMENDMENT

MEC ID #

C000447

OFFICE USE ONLY

STATEMENT DATE 01/01/2011		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 8,11,14,18	
3. FULL NAME OF COMMITTEE FRIENDS OF GREGORY F X DALY					
4. COMMITTEE MAILING ADDRESS ADDRESS: 4473 S 39TH STREET CITY / STATE / ZIP : ST LOUIS, MO 63116				5. TELEPHONE NUMBER 314-752-7997	
6. TREASURER'S NAME NORMAN L SUTTERER					
7. TREASURER'S MAILING ADDRESS ADDRESS: 4473 S 39TH STREET CITY / STATE / ZIP : ST LOUIS, MO 63116				8. TELEPHONE NUMBER HOME: 314-752-7997 WORK: 314-607-2383	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER ESTELLE DALY					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 5012 JAMIESON CITY / STATE / ZIP : ST LOUIS, MO 63109				11. TELEPHONE NUMBER HOME: 314-752-7414 WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME                      B. ADDRESS                      C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME GREGORY F. X. DALY		B. ADDRESS 4127 UPTON CT., ST LOUIS MO 63116		C. TELEPHONE NO. 314-353-8670	D. POLITICAL PARTY DEMOCRAT
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME N/A			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) GREGORY F. X. DALY		B. ELECTION DATE 08/05/2014	C. OFFICE SOUGHT COLLECTOR OF REVENUE	D. POLITICAL SUBDIVISION CITY OF ST. LOUIS	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <i>Norman L. Sutterer</i> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY ) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <i>Gregory F X Daly</i> CANDIDATE'S SIGNATURE	

JAN 19 2011