



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

Office Use *BIB*
 Missouri Ethics Commission
 MAY 23 2013

Statement of Committee Organization

1. Statement Information

Date: 4/7/13
 Type: New Amended (if amending, enter MEC ID C131077 & section changed _____)

2. Committee Information

Name of Committee: Team Butler
 Committee Mailing Address, City, State, & Zip: 3219 Russell Blvd., St. Louis, MO 63104
 Telephone Number: (314) 324-9163
 City Clerk or Board of Election Commissioners: St. Louis City
 Committee Type: Campaign Candidate Continuing (FAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Michael Butler
 Treasurer's Mailing Address, City, State, & Zip: 3219 Russell Blvd., St. Louis, MO 63104
 Treasurer's Home Telephone Number: (314) 324-9163
 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Home Telephone Number: _____
 Deputy 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)

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: <u>Michael Butler</u>	Telephone Number (Candidate Committees Only): <u>(314) 324-9163</u>	Account Number: <u>AM 0 PM 4</u>
Election Date: <u>August 2014</u>	Office Sought & Political Subdivision: <u>State Representative</u>	Political Party: <u>Democrat</u>
		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)

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: _____
 Candidate (Candidate Committees Only): [Signature]