



Office Use:

# Statement of Committee Organization

## 1. Statement Information

Date: 8-19-14  
 Type:  New  Amended (if amending, enter MEC ID C141505 & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: Friends of Robert Stelzer Campaign Fund  
 Committee Mailing Address, City, State, & Zip: 2001 Macklind Ave St Louis MO. 63110  
 Telephone Number: (314) 308-0434

County Clerk or Board of Election Commissioners: St. Louis City  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Kevin Obradovits  
 Treasurer's Mailing Address, City, State, & Zip: 215 South Taylor Ave, St. Louis MO. 63122  
 Treasurer's Home Telephone Number: (314) 717-3072  
 Treasurer's Work Telephone Number: ( )

Deputy Treasurer's Name (if one appointed): John H. Stelzer  
 Deputy Treasurer's Mailing Address, City, State, & Zip: 5002 Columbia Ave, St. Louis MO 63139  
 Dep. Treasurer's Home Telephone Number: (314) 772-3355  
 Dep. Treasurer's Work Telephone Number: (314) 479-7835

## 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 of Financial Institution: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

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

Name & Mailing Address, City, State & Zip of Candidate: Robert Stelzer 2001 Macklind Ave St Louis MO. 63110  
 Telephone Number (Candidate Committees Only): (314) 308-0434  
 Election Date: August 2016  
 Office Sought & Political Subdivision: State Rep. Distr. 80  
 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:   
 Candidate (Candidate Committees Only):

see Robert Stelzer by phone 8-22-14 JL