



Office Use: BB
BJ

Statement of Committee Organization

1. Statement Information

Date: 6-5-15
 Type: New Amended (if amending, enter MECID C141505 & section changed Treasurer)

2. Committee Information

Name of Committee: 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: City of St. Louis

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Barbara Beck
 Treasurer's Mailing Address, City, State, & Zip: 2155 Maury Ave St. Louis MO 63110
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 771-4431
 Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): Carolyn Stelzer
 Deputy Treasurer's Mailing Address, City, State, & Zip: 5002 Columbia Ave St. Louis MO 63139
 Deputy Treasurer's Email Address (optional): _____
 Dep. Treasurer's Home Telephone Number: (314) 772-3355
 Dep. Treasurer's Work Telephone Number: _____

4. Additional Committee Information

Additional Committee Officer's Name (if any): **AMENDMENT**
 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: _____ 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)

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: Carolyn R. Stelzer
 Candidate (Candidate Committees Only): Robert D. Stelzer