



Office Use: *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: 4-3-16
 Type: New Amended (if amending, enter MEC ID A161267 & section changed _____)

2. Committee Information

Name of Committee: Madeline Butthod for the 14th Ward
 Committee Mailing Address, City, State, & Zip: 4325 Bingham St. Louis, MO 63116 Telephone Number: (314) 216-1453

St. Louis City Board of Elections
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Constance Cafazza
 Treasurer's Mailing Address, City, State, & Zip: 4037 Delos St. Louis MO. 63116
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 250-6904 Treasurer's Work Telephone Number: _____

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

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: Madeline Butthod, 4325 Bingham Ave, St. Louis MO 63116 Telephone Number (Candidate Committees Only): (314) 216-1453
 Election Date: Aug 2nd, 2016 Office Sought & Political Subdivision: 14th Ward committeewoman Political Party: Democratic 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]*