



Office Use: *BB* *JD*

Statement of Committee Organization

1. Statement Information

Date: 09/13/16
 Type: New Amended (if amending, enter MEC ID C161343 & section changed _____)

2. Committee Information

DALY FOR MAYOR
 Name of Committee
4127 UPTON COURT, ST LOUIS MO 63116 (314) 353-8670
 Committee Mailing Address, City, State, & Zip Telephone Number

 ST. LOUIS CITY BOARD OF ELECTIONS
 County Clerk or Board of Election Commissioners
 Official Committee Email Address _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

NORMAN L SUTTERER
 Treasurer's Name (First & Last)
4473 SOUTH 39TH ST, ST LOUIS MO 63116 (314) 752-7997 (314) 607-2383
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

ESTELLE DALY
 Deputy Treasurer's Name (if one appointed)
4129 UPTON COURT, ST LOUIS MO 63116 (314) 752-7414 _____
 Deputy Treasurer's Mailing Address, City, State, & Zip 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)

<u>GREGORY F. X. DALY, 4127 UPTON CT, ST LOUIS MO 63116</u> Name & Mailing Address, City, State & Zip of Candidate	<u>(314) 752-7997</u> Telephone Number (Candidate Committees Only)	<u>(314) 607-2383</u> Telephone Number (Candidate Committees Only)
<u>03/07/17</u> Election Date	<u>MAYOR, CITY OF ST LOUIS</u> Office Sought & Political Subdivision	<u>DEMOCRAT</u> Political Party
		<u>SUPPORT</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.
Norman L. Sutterer _____ Gregory FX Only _____
 Committee Treasurer Candidate (Candidate Committees Only)