



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

Missouri Ethics Commission
 Office Use:
 NOV 10 2016

Statement of Committee Organization

JCS

1. Statement Information

Date: 11-7-2016

Type: New Amended (if amending, enter MEC ID 2161369 & section changed _____)

2. Committee Information

10th Ward Democratic Club (City of St. Louis)

Name of Committee

2001 Macklind Ave, St. Louis, MO 63110

Committee Mailing Address, City, State, & Zip

(314) 201-6811

Telephone Number

City of St Louis Board of Election Commissioners

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Carolyn R. Stelzer

Treasurer's Name (First & Last)

5002 Columbia Ave, St. Louis, MO 63139

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 772-3355

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Robert J. Stelzer

Deputy Treasurer's Name (if one appointed)

2001 Macklind Ave., St Louis, MO 63110

Deputy Treasurer's Mailing Address, City, State, & Zip

Deputy Treasurer's Email Address (optional)

(314) 201-6811

Dep. Treasurer's Home Telephone Number

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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

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.

Carolyn R. Stelzer
 Committee Treasurer

Candidate (Candidate Committees Only)