

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

Statement of Committee Organization



HAND DELIVERED

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1	Statement Information		的复数 医水管管 医水管管
	Type: New Amended (if amending, enter MEC ID	3/077 & section cha	$_{\rm anged}$ 386
2	Committee Information		
	Team Butter		
	Name of Committee	0 / 515 //	
	2910 Eads tve., St. Louis, M. Committee Mailing Address, City, State, & Zip	0 63/04	() Telephone Number
			- And the second of the second
	Official Committee Email Address Committee Type: Campaign Candidate Continuing (F	County Clerk or Board of Election Commissio	,,,,,,,,,,,
2	Treasurer/Deputy Treasurer Information	Acy Dest Service Expr	oracory I oncean arey
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	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Michael Brotler		
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	2910 Eads Ave., St. Lou3, 110 63104 Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
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	Additional Committee Officer's Alame & Title (iffan)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	pack) No
5.	Official Bank Account Information (required by all committees)		
6.	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
٥.	Candidate Supported or Opposed (candidate committees must a Michael Rusher 2010 Fade Age	1314 \ 324~9 1/ ₂ 8	
	Name & Mailing Address, City, State & Zip of Candidate St. Louis, MO 63104	Telephone Number (Candidate Committees O	nly)
	Election Date Poly Office Sought & Political Subdivision	Democrat Political Party	Support of Oppose
7	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
′.	Panot Measure Supported of Opposed (Campaign Committeess in	ast conhibitete this section (the the time the persuance man to be expressed
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	I affirm and attest under penalty of perjury that information and		
	further acknowledge the fam aware that any false statement or d	eciaration made nerein is builtis	nable under Ch. 575 KSIVIO.
	Committee Justiner	Candidate (Committees Only)	