



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

Missouri Ethics Commission  
 Official Use:  
 DEC 26 2017

# Statement of Committee Organization

## 1. Statement Information

Date: 12-21-2017

Type:  New  Amended (if amending, enter MEC ID C171401 & section changed \_\_\_\_\_)

## 2. Committee Information

Name of Committee: THE COMMITTEE TO ELECT STEVE BUTZ

Committee Mailing Address, City, State, & Zip: 3823 HOLLY HILLS BLVD ST. L. MO. 63116 Telephone Number: (314) 250-1710

Official Committee Email Address: \_\_\_\_\_  
 County Clerk or Board of Election Commissioners: ST. LOUIS 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): TED HORTZLER

Treasurer's Mailing Address, City, State, & Zip: 3757 WILMINGTON ST. L. MO. 63116 Treasurer's Home Telephone Number: (314) 497-5195 Treasurer's Work Telephone Number: (314) 752-3631

Deputy Treasurer's Name (if one appointed): \_\_\_\_\_

Deputy Treasurer's Email Address (optional): \_\_\_\_\_

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)

Name & Mailing Address, City, State & Zip of Candidate: STEVE BUTZ 3823 HOLLY HILLS ST. LOUIS, MO. 63116 Telephone Number (Candidate Committees Only): (314) 250-1710 (314) 881-1936

Election Date: AUG 7, 2018 Office Sought & Political Subdivision: STATE REP 8<sup>TH</sup> DISTRICT Political Party: DEMOCRAT 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]