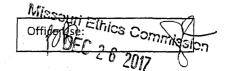


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

	Statement Information	
	Date: 12-31-3017	1710/00/
	Type: New Amended (if amending, enter MEC ID	& section changed)
	Committee Information	
	THE COMMITTEE TO ELECT :	STEVE BUTZ
	3823 HOLLY HILLS BLVD	ST. L. Mo. 63116 (314) 250-1710 Telephone Number
	Committee Mailing Address, City, State, & Zip	
	UIIICIBI CUIIIIIILEE LIIIGII AUGUSSS	ST LOUIS BOARD OF ELECTION COMMISSIONERS County Clerk or Board of Election Commissioners
	Committee Type: Campaign Candidate Continuing	
3		
-	TED HARTZLER	
	Treasurer's Name (First & Last)	
	3757 WILMINGTON ST.L, Mo. 631 Treasurer's Mailing Address, City, State, & Zip	16 (314) 497 - 5195 (314) 752 - 3631 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
	reasurer's Maining Aduress, City, State, & Zip	Treasurer 3 notice relephone Number
	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)
	Deputy Treasurer's Malling Address, City, State, & Zip	(
		Dep. Treasurer 5 Notice Propriete Humber
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 Official Bank Account Information (required by all committees	
٦.	Official Bank Account Information (required by all committees	
6.	Candidate Supported or Opposed (candidate committees must	include self, it cancidates
	STEVE BUTZ 3823 HOLLY HILLS	(314)250-1710 (314) 881-1936
	Name & Malling Address, City, State & Zip of Candidate 57. Louis, Mo. 63116	Telephone Number (Candidate Committees Only)
	AUG 7 3018 STOTE REP 815T Election Date Office Sought & Political Subdivision D 1577 «	DEMOCRAT JUPOINT
-,		
7.	Ballot Measure Supported or Opposed (campaign committees r	nust complete this section)
	Name of Ballot Measure	Election Date & Political Subdivision Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all com	nittees)
	I affirm and attest under penalty of perjury that information ar	
_	further acknowledge that I am aware that any false statement or	
	D'LIN PORT	Stop F. BA
	Committye Treasure	Candidate/(Candidate Committees Only)