



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

Missouri Ethics Commission
 Office Use:
 DEC 26 2018

Statement of Committee Organization

1. Statement Information

Date: 12/12/2018

Type: New Amended (if amending, enter MEC ID C171401 & section changed 6)

2. Committee Information

Name of Committee: THE COMMITTEE TO ELECT STEVE BUTZ

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

Official Committee Email Address: _____

County Clerk or Board of Election Commissioners: ST LOUIS CITY ELECTION BOARD

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): TED HARTZLER

Treasurer's Email Address (optional): _____

Treasurer's Mailing Address, City, State, & Zip: 3757 WILMINGTON ST. LOUIS, 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): AMENDMENT

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: <u>STEVE BUTZ 3823 HOLLY HILLS BLVD ST. LOUIS, MO. 63116</u>	Telephone Number (Candidate Committees Only): <u>(314) 250-1710</u>	_____
Election Date: <u>TUES. 8/14/2020</u>	Office Sought & Political Subdivision: <u>STATE REPRESENTATIVE 8TH DISTRICT</u>	Political Party: <u>DEMOCRATIC</u>
		Support or Oppose: <u>SUPPORT</u>

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 Committee Only): [Signature]