



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

MISSOURI ETHICS COMMISSION  
 Office Use: *[Signature]*  
 JAN 17 2019 *[Signature]*

# Statement of Committee Organization

HAND DELIVERED

**1. Statement Information**

Date: 01/17/2019  
 Type:  New  Amended (if amending, enter MEC ID C131077 & section changed 3)

**2. Committee Information**

Name of Committee \_\_\_\_\_  
 Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Official Committee Email Address \_\_\_\_\_ County Clerk or Board of Election Commissioners \_\_\_\_\_  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

**MICHAEL BUTLER**  
 Treasurer's Name (First & Last) \_\_\_\_\_  
 2910 EADS AVE STL, MO 63104  
 Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_  
 Treasurer's Email Address (optional) \_\_\_\_\_  
 (314) 324-9163  
 Treasurer's Home Telephone Number \_\_\_\_\_ Treasurer's Work Telephone Number \_\_\_\_\_  
 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)**

Name & Mailing Address, City, State, & Zip of Financial Institution \_\_\_\_\_ Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

**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.

*[Signature]*  
 Committee Treasurer  
*[Signature]*  
 Candidate (Candidate Committees Only)