



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

Office Use: BB SN

Statement of Committee Organization

1. Statement Information

Date: 2/2/2016
 Type: New Amended (if amending, enter MEC ID C161031 & section changed _____)

2. Committee Information

LEADERSHIP FOR AMERICA
 Name of Committee
 PO BOX 432 EUREKA, MO 63025
 Committee Mailing Address, City, State, & Zip
 Telephone Number: (314) 800-7242
 Official Committee Email/Address: _____
 County Clerk or Board of Election Commissioners: **ST LOUIS COUNTY BOARD OF ELECTIONS**
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

PATRICK S BUTLER
 Treasurer's Name (First & Last)
 PO BOX 432 EUREKA, MO 63025
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 800-7242
 Treasurer's Work Telephone Number: (636) 938-9973
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Email Address (optional): _____
 Deputy Treasurer's Home Telephone Number: ()
 Deputy 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: _____
 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.

 Committee Treasurer Candidate (Candidate Committees Only)