Missouri Ethics Commission

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

Statement of Committee Organization

Office use: SEP 0 6 2017

1. Statement Information

Date: 8/30/17

Type: ☐ New   ☒ Amended (if amending, enter MEC ID C131077 & section changed *Candidate Office Sought*

2. Committee Information

Name of Committee: *Team Butler*

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

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip

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

AMENDMENT

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)

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)

Michael Butler, 2910 Ends Ave., St. Louis, MO
Name & Mailing Address, City, State & Zip of Candidate

(314) 324-9163   ( )
Telephone Number (Candidate Committees Only)

8/7/2018
Election Date

Recorder of Deeds - St. Louis City
Office Sought & Political Subdivision

Democrat
Political Party

Support
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)