



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission Office Use:

JAN 20 2021

Handwritten initials

1. Statement Information

Date: 1/15/21

Type: [X] Amended (if amending, enter MEC ID C190766 & section changed Treasurer)

2. Committee Information

Name of Committee: Citizens to Elect Shameem Clark Hubbard

Committee Mailing Address, City, State, & Zip: 5553 Maple Ave, St. Louis, MO, 63112

Telephone Number: (314) 393-1393

St. Louis City

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Joseph W. B. Clark Jr.

Treasurer's Mailing Address, City, State, & Zip: 6049 W Cabanne Pl, St Louis, MO, 63112

Treasurer's Home Telephone Number: (314) 757-0613

Treasurer's Work Telephone Number: (314) 757-0431

Deputy Treasurer's Name (if one appointed): N/A

Deputy Treasurer's Email Address (optional):

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any): N/A

Additional Committee Officer's Mailing Address, City, State, & Zip:

Connected Organization's Name (if any):

AMENDMENT

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: Same

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: Same

Political Party: Support or Oppose:

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: N/A

Election Date & Political Subdivision: Support or Oppose:

8. Signature(s) - Check certification(s) & sign (required by all committees)

[X] 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: Joseph W. B. Clark Jr.

Candidate (Candidate Committees Only): S. Hubbard