



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

C190766
Missouri Ethics Commission
Office Use:
JAN 21 2022

1. Statement Information

Date: 1/17/2022

Type: ☐ New ☒ Amended (if amending, enter MEC ID C190766 & section changed _____)

2. Committee Information

Citizens To Elect Shameem Clark Hubbard

Name of Committee

5553 Maple Ave, St.Louis,MO 63112

Committee Address, City, State, & Zip

Telephone Number

St.Louis City Board of Elections

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

Official Committee Email Address

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

3. Treasurer/Deputy Treasurer Information

Joseph W.B.Clark Jr.

Treasurer's Name (First & Last)

6049 W Cabanne Pl,St.Louis,MO,63112

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

(314) 757-0613

Treasurer's Home Telephone Number

(314) 757-0613

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)

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)

Shameem Clark Hubbard,5553 Maple Ave,St.Louis,MO,63112

Name & Mailing Address, City, State & Zip of Candidate

03/07/2023

Election Date

10Th Ward Alder/Lady/City of St.Louis

Office Sought & Political Subdivision

(314) 393-1393

Telephone Number (Candidate Committees Only)

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)