



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081024

OFFICE USE ONLY

ppp 17

STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE <u>Denny Hoskins 2008</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>271 SE 350 Rd</u> CITY/STATE/ZIP: <u>Warrensburg, MO 64093</u>				5. TELEPHONE NUMBER <u>660-864-5558</u>	
6. TREASURER'S NAME <u>Stormy Taylor</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>213 E. Gay</u> CITY/STATE/ZIP: <u>Warrensburg, MO 64093</u>				8. TELEPHONE NUMBER HOME: <u>660-429-1493</u> WORK: <u>660-441-2458</u>	
9. DEPUTY TREASURER'S NAME <u>Brian Colvin</u> <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: <u>406 W. Culton St.</u> CITY/STATE/ZIP: <u>Warrensburg, MO 64093</u>				11. TELEPHONE NUMBER HOME: WORK: <u>660-747-2175</u>	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <u>First Community Bank</u> <u>1110 S. Mitchell</u> <u>PO. Box 555</u> <u>Warrensburg, MO 64093</u>					
B. ACCOUNT NAME <u>Checking</u>		C. ACCOUNT NO.			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME <u>Denny Hoskins</u>		B. ADDRESS <u>Warrensburg, MO</u> <u>271 SE 350</u> <u>64093</u>		C. TELEPHONE NO. <u>660-864-5558</u>	D. POLITICAL PARTY <u>Republican</u>
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE <u>8/5/08</u>	C. OFFICE SOUGHT <u>STATE REPRESENTATIVE</u>	D. POLITICAL SUBDIVISION <u>12/ST DISTRICT</u>	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Stormy Taylor</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. <u>Denny Hoskins</u> CANDIDATE'S SIGNATURE		

MISSOURI ETHICS COMMISSION
JAN 29 2008