



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID #

C000747

OFFICE USE ONLY

[Signature]

STATEMENT DATE 03/27/2008		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6,8 and 14	
3. FULL NAME OF COMMITTEE Home Building Industry Political Action Committee					
4. COMMITTEE MAILING ADDRESS ADDRESS: 10104 Old Olive Street Road CITY / STATE / ZIP: Saint Louis, MO 63141				5. TELEPHONE NUMBER (314) 994-7700	
6. TREASURER'S NAME Lyzel Krebs					
7. TREASURER'S MAILING ADDRESS ADDRESS: 10104 Old Olive Street Road CITY / STATE / ZIP: Saint Louis, MO 63141				8. TELEPHONE NUMBER HOME: (314) 520-2760 WORK: (314) 994-7700 ext. 137	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: N/A CITY / STATE / ZIP: N/A				11. TELEPHONE NUMBER HOME: N/A WORK: N/A	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME N/A B. ADDRESS N/A C. TITLE N/A				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 US Bank 12888 Olive Boulevard Saint Louis, MO 63141		B. ACCOUNT NAME 1. Checking 2. Repurchase		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME N/A	B. ADDRESS N/A	C. TELEPHONE NO. N/A		D. POLITICAL PARTY N/A	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME Home Builders Association of St. Louis & Eastern Missouri		B. ADDRESS 10104 Old Olive Street Road, St. Louis, MO 63141			
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) N/A	B. ELECTION DATE N/A	C. OFFICE SOUGHT N/A	D. POLITICAL SUBDIVISION N/A	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) N/A	B. ELECTION DATE N/A	C. SUBJECT AND POLITICAL SUBDIVISION N/A	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>		
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>[Signature]</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. MISSOURI ETHICS COMMISSION APR 04 2008 CANDIDATE'S SIGNATURE		