



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID# C071082

OFFICE USE ONLY  
*pm*  
*W*  
*IT*

STATEMENT DATE <u>3/9/09</u>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBER)	
3. FULL NAME OF COMMITTEE <u>Committee to Elect Jake Hummel</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>4102 Federer</u> CITY/STATE/ZIP: <u>St. Louis Mo. 63116</u>				5. TELEPHONE NUMBER <u>314-457-1792</u>	
8. TREASURER'S NAME <u>Dana M. Hummel</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>4102 Federer</u> CITY/STATE/ZIP: <u>St. Louis Mo. 63116</u>				8. TELEPHONE NUMBER HOME: <u>314 457 1792</u> WORK: <u>314 974 6303</u>	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
<u>N/A AMENDMENT</u>				<u>N/A</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>Anheuser-Busch Employees Credit Union</u> <u>1001 Lynch Street St. Louis Mo 63118</u>					
				B. ACCOUNT NAME <u>Jake Hummel Campaign Fund</u>	
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input checked="" type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME <u>Jacob Hummel</u>					
B. ADDRESS <u>4102 Federer St. Louis Mo.</u>		C. TELEPHONE NO. <u>63116 314 457 1792</u>		D. POLITICAL PARTY <u>DEM.</u>	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) <u>Jacob Hummel</u>					
B. ELECTION DATE <u>8/3/2010</u>		C. OFFICE SOUGHT <u>State Representative 108</u>		D. POLITICAL SUBDIVISION	
				CHECK ONE E. SUPPORT <input checked="" 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 <u>Dana M Hummel</u> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) <u>Jacob Hummel</u> CANDIDATE'S SIGNATURE	