



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081024

OFFICE USE ONLY  
17

STATEMENT DATE 1/1/2009		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 3	
3. FULL NAME OF COMMITTEE CITIZENS FOR HOSKINS					
4. COMMITTEE MAILING ADDRESS ADDRESS: 271 SE 350TH ROAD CITY / STATE / ZIP: WARRENSBURG, MO 64093				5. TELEPHONE NUMBER 660-422-6828	
6. TREASURER'S NAME STORMY TAYLOR					
7. TREASURER'S MAILING ADDRESS ADDRESS: 213 E. GAY CITY / STATE / ZIP: WARRENSBURG, MO 64093				8. TELEPHONE NUMBER HOME: 660-429-1493 WORK: 660-441-2458	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER BRIAN COLVIN					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 406 W. CULTON CITY / STATE / ZIP: WARRENSBURG, MO 64093				11. TELEPHONE NUMBER HOME: 660-747-2175 WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE <b>AMENDMENT</b>				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 FIRST COMMUNITY BANK 1110 S. MITCHELL, P.O. BOX 555 WARRENSBURG, MO 64093				B. ACCOUNT NAME DENNY HOSKINS FOR STATE REP CHECKING ACCT 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 DENNY HOSKINS		B. ADDRESS 271 SE 350 RD, WARRENSBURG, MO 64093		C. TELEPHONE NO. 660-422-6828	D. POLITICAL PARTY REPUBLICAN
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) DENNY HOSKINS		B. ELECTION DATE 8/3/2010	C. OFFICE SOUGHT STATE REPRESENTATIVE	D. POLITICAL SUBDIVISION 121ST DISTRICT	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 I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <u>Stormy Taylor</u> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY ) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  <u>Denny Hoskins</u> CANDIDATE'S SIGNATURE		