

MISSOURI ETHICS COMMISSION STATEMENT OF COMMITTEE ORGANIZATION

MEC ID# 0 101283

OFFICE USE ONLY
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STAT	TEMENT DATE	TYPE OF STATEMENT (CHECK ONE) AMENDED	IF AMENDED, LIST ITEMS CHANG	ED (LINE NUMBERS)			
3.	FULL NAME OF COMMITTEE PL	ny Hubr	pard for c	State Rep 5	58 District			
4.	COMMITTEE MAILING ADDRESS ADDRESS: 1017 10 10 10 10 10 10 10 10 10 10 10 10 10	th Struct	1621016	5. TELEPHONE NUMBER	9342			
6.	TREASURER'S NAME MONIC	a Pattor	_					
7.		th stract	2310CP	8. TELEPHONE NUMBER HOME: (314) 588 WORK:	6456			
9.	DEPUTY TREASURER'S NAME	CHECK IF NO DEF	PUTY TREASURER					
10.	DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :			11. TELEPHONE NUMBER HOME: WORK;				
12.	OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. A	ADDRESS	C. TITLE	13. IF CANDIDATE HAS OT THIS COMMITTEE DES AGGREGATING COMM	IGNATED AS THE			
14. A	14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO. Paray Hubbard for State for S							
17.	CANDIDATE POLITICAL PARTY CANDIDATE SUPPORTED (CANDIDATE OF CANDIDATE	OMMITTEES ONLY) B. ADDRESS 1017 W 1644		C. TELEPHONE NO.	DEBT SERVICE POLITICAL D. PARTY D. D. C.			
1	Note that the second of the se	c. OF	1	D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT F. OPPOSE CHECK ONE			
 	. NAME(S) OF MEASURE(S)	B. ELECTION DAT	; 		E. SUPPORT F. OPPOSE			
20. COMMITTEE TREASURER'S SIGNATURE 21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) 1 CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. 21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) 1 CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.								
	TREASURER'S SIGNATURE	<u>'U </u>	CANDIDATE'S S	GNATURE				