



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C101375

OFFICE USE ONLY  
*BB*

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE **FIFTH WARD DEMOCRATIC ORGANIZATION**

4. COMMITTEE MAILING ADDRESS ADDRESS: <b>1025 NORTH 16TH STREET</b> CITY / STATE / ZIP: <b>ST. LOUIS MISSOURI 63106</b>	5. TELEPHONE NUMBER <b>314-659-6111</b>
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6. TREASURER'S NAME **GARY PARKER**

7. TREASURER'S MAILING ADDRESS ADDRESS: <b>1506 BIDDLE</b> CITY / STATE / ZIP: <b>ST. LOUIS MISSOURI 63106</b>	8. TELEPHONE NUMBER HOME: <b>314-621-3033</b> WORK: <b>314-421-4183</b>
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9. DEPUTY TREASURER'S NAME  CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME <i>see Attached</i> B. ADDRESS C. TITLE <b>TAMMIKA HUBBARD</b>   <b>1025 SELBY PLACE</b>   <b>COMMITTEE WOMAN</b>	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
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)		
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION <b>U.S Bank</b> <b>301 North Tucker</b> <b>St. Louis, MO 63101</b>	B. ACCOUNT NAME <b>Fifth Ward Democratic Organization</b>	C. ACCOUNT NO.

15. TYPE OF COMMITTEE  
 CANDIDATE  POLITICAL PARTY  CONTINUING  CAMPAIGN  EXPLORATORY  DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME	B. ADDRESS	C. TELEPHONE NO.	D. POLITICAL PARTY <b>MISSOURI ETHICS COMMISSION</b>

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME	B. ADDRESS <b>JUN 04 2010</b>

18. CANDIDATES SUPPORTED OR OPPOSED				<b>HAND DELIVERED</b>		CHECK ONE	
A. NAME(S) OF CANDIDATE(S)	B. ELECTION DATE	C. OFFICE SOUGHT	D. POLITICAL SUBDIVISION	E. SUPPORT	F. OPPOSE	<input type="checkbox"/>	<input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE		
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. SUPPORT	F. OPPOSE	<input type="checkbox"/>	<input type="checkbox"/>

20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

*[Signature]*

TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY )

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

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CANDIDATE'S SIGNATURE

Rodney Hubbard Sr. committeeman  
1025 N. 16th Street  
St. Louis, MO 63106

**MISSOURI ETHICS COMMISSION**

**JUN 04 2010**

**HAND DELIVERED**