



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C101302

OFFICE USE ONLY

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| STATEMENT DATE 05-04*2010 | | TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED | | IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6,7,8,9,10,11 |
| 3. FULL NAME OF COMMITTEE Amy Hilgemann for State Representative | | | | |
| 4. COMMITTEE MAILING ADDRESS ADDRESS: 4131 Blaine Ave CITY / STATE / ZIP: St. Louis, MO 6311 | | | 5. TELEPHONE NUMBER 314-771-4718 | |
| 6. TREASURER'S NAME Mary O'Connell | | | | |
| 7. TREASURER'S MAILING ADDRESS ADDRESS: 916 Shenandoah CITY / STATE / ZIP: St. Louis, MO 63104 | | | 8. TELEPHONE NUMBER HOME: 314-762-0166 WORK: | |
| 9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Robert Hilgemann | | | | |
| 10. DEPUTY TREASURER'S ADDRESS ADDRESS: 4131 Blaine Ave CITY / STATE / ZIP: St. Louis, MO | | | 11. TELEPHONE NUMBER HOME: 314-771-4718 WORK: 314-330-4645 (cell) | |
| 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 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 Southwest Bank 2301 S Kingshighway St. Louis, MO 63110 B. ACCOUNT NAME Amy Hilgemann For State Representative 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 B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY | | | | |
| 17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME | | | | |
| 18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION 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) 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. <i>Mary O'Connell</i> TREASURER'S SIGNATURE | | | 21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Amy Hilgemann</i> CANDIDATE'S SIGNATURE | |

AMENDMENT

MISSOURI ETHICS COMMISSION
MAY 10 2010