



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C101283

OFFICE USE ONLY

[Handwritten initials]

STATEMENT DATE		1. TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 2.	
3. FULL NAME OF COMMITTEE <u>Penny V. Hubbard for State Rep 58th Dist</u>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <u>1017 N. 16th St.</u> CITY / STATE / ZIP: <u>St. Louis, MO 63106</u>				5. TELEPHONE NUMBER <u>314-688-9342</u>	
6. TREASURER'S NAME <u>MONICA PATTON</u>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <u>4500 Holly Pl.</u> CITY / STATE / ZIP: <u>St. Louis, MO 63115</u>				8. TELEPHONE NUMBER HOME: <u>(314) 225-6125</u> WORK: <u>(314) 622-4528</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:	
12. OTHER COMMITTEE OFFICERS (IF ANY) <u>N/A</u> 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)					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input checked="" 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) <u>N/A</u> A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) <u>N/A</u> A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE <u>Penny V. Hubbard</u> <u>2012</u> <u>State Representative</u> <u>District 58</u> <input type="checkbox"/> <input type="checkbox"/>					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION D. SUPPORT E. OPPOSE <u>MISSOURI ETHICS COMMISSION</u> <input type="checkbox"/> <input type="checkbox"/>					
20. TREASURER'S STATEMENT (ALL COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Monica Patton</u> TREASURER'S SIGNATURE			21. CANDIDATE'S STATEMENT (CANDIDATE & EXPLORATORY COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>HAND DELIVERED</u> <u>Penny V. Hubbard</u> CANDIDATE'S SIGNATURE		