



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000747

OFFICE USE ONLY

[Signature]

STATEMENT DATE 06/15/2011		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6 and 8	
3. FULL NAME OF COMMITTEE Home Building Industry Political Action Committee					
4. COMMITTEE MAILING ADDRESS ADDRESS: 10104 Old Olive Street Road CITY / STATE / ZIP : Saint Louis, MO 63141				5. TELEPHONE NUMBER (314) 994-7700	
6. TREASURER'S NAME Emily Wineland					
7. TREASURER'S MAILING ADDRESS ADDRESS: 10104 Old Olive Street Road CITY / STATE / ZIP : Saint Louis, MO 63141				8. TELEPHONE NUMBER HOME: WORK: (314) 994-7700 ext. 125	
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) A. NAME B. ADDRESS C. TITLE Patrick S. Sullivan : Same : Executive V.P.				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	
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.					
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input checked="" type="checkbox"/> POLITICAL ACTION (PAC) <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 B. ADDRESS Home Builders Association of St. Louis & Eastern Missouri 10104 Old Olive Street Road, St. Louis, MO 63141					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION CHECK ONE E. SUPPORT F. OPPOSE <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 CHECK ONE 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. <i>[Signature]</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. Missouri Ethics Commission JUN 24 2011 CANDIDATE'S SIGNATURE		