



MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C101283

OFFICE USE ONLY

Bb

AN

STATEMENT DATE 11/18/2011		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 9, 10, 11	
3. FULL NAME OF COMMITTEE Penny Hubbard for State Rep 58th District					
4. COMMITTEE MAILING ADDRESS ADDRESS: 1017 North 16th Street CITY / STATE / ZIP: St. Louis, MO 63106				5. TELEPHONE NUMBER 314-588-9342	
6. TREASURER'S NAME Monica Patton					
7. TREASURER'S MAILING ADDRESS ADDRESS: 1017 North 16th Street CITY / STATE / ZIP: St. Louis, MO 63106				8. TELEPHONE NUMBER HOME: 314-588-9342 WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Kathryn Jayne Drennen					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 347 Hazel Avenue CITY / STATE / ZIP: St. Louis, MO 63119				11. TELEPHONE NUMBER HOME: WORK: 314-968-2600	
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 B. ACCOUNT NAME C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input 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 Penny Hubbard 1017 North 16th Street 314-588-9342 Democrat					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) 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 CHECK ONE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION E. SUPPORT F. OPPOSE CHECK ONE <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  Missouri Ethics Commission NOV 25 2011 TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.  CANDIDATE'S SIGNATURE		