



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: *RB* *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: 01/04/2012
 Type: New Amended (if amending, enter MEC ID C111187 & section changed 6)

2. Committee Information

Citizens To Elect Tammika Hubbard
 Name of Committee
1025 Selby Place, St. Louis, MO 63106
(314) 323-0860
 Telephone Number

St. Louis City Board of Elections
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) _____ Treasurer's Email Address (optional) _____
 Treasurer's Mailing Address, City, State, & Zip _____ Treasurer's Home Telephone Number _____
 Deputy Treasurer's Name (If one appointed) _____ Deputy Treasurer's Email Address (optional) _____
 Deputy Treasurer's Mailing Address, City, State, & Zip _____ Dep. Treasurer's Home Telephone Number _____ Dep. Treasurer's Work Telephone Number _____

AMENDMENT

Missouri Ethics Commission
 JAN 06 2012

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) _____ Additional Committee Officer's Mailing Address, City, State, & Zip _____
 Connected Organization's Name (if any) _____ Connected Organization's Mailing Address, City, State, & Zip _____
 CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Tammika Hubbard 1025 Selby Place, St Louis, MO 63106
 Name & Mailing Address, City, State & Zip of Candidate
03/05/2013 5th Ward Alderwoman
 Election Date Office Sought & Political Subdivision
(314) 323-0860 _____
 Telephone Number (Candidate Committees Only)
Democratic Support
 Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

N/A
 Name of Ballot Measure Election Date & Political Subdivision Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

I/We certify that this statement is complete, true and accurate.
 e-File: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

[Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)