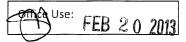
MISSOURI ETHICS COMMISSION



Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

HAND DELIVERED

			v sane despes
1.	Statement Information		
	Date: 2/19/2013 Type: New Amended (if amending, enter MEC ID C)	51042 & section ch	ranged)
2.		d section cr	iangeu
۷.	STH WARD GIZENS FOR CHANGE		
	1406 A OBERE ST. Louis, MC	63167	(314) 5/7 - 1794 Telephone Number
		ST- Louiz County Clerk or Board of Election Commission	CITI
	Committee Type: Campaign Candidate Continuing (P.		
3.	Treasurer/Deputy Treasurer Information		
	JARMINE CLAYTON		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & Zip	(3H) S17-1794 Treasurer's Home Telephone Number	Treasurer's Work 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
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on l	nack) No
5.	Official Bank Account Information (required by all committees)	res (rerer to instructions on	, , , , , , , , , , , , , , , , , , ,
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	and the second second second second
	TAMMIKO HUBBARD	()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees C	only)
	MARCH S. 2013 Sth WARD ALDERNA Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7	Ballot Measure Supported or Opposed (campaign committees mu	est in manifesta this continual	
<i>,</i> .	ballot ivieasure Supported of Opposed (campaign committees mu	ist complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all commit	ttees)	war and the same and the same and the
firm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I			
further acknowledge that Jan aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.			
Maryer. (Wella)			
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300 1308 Packet (Rev. 11/2012)