



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C111187

OFFICE USE ONLY

[Signature]

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| STATEMENT DATE 09-15-2014 | | 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 Citizens to Elect Tammika Hubbard | | | | | | |
| 4. COMMITTEE MAILING ADDRESS ADDRESS: 1045 Selby Place CITY / STATE / ZIP: St. Louis, MO 63106 | | | | 5. TELEPHONE NUMBER (314) 323-0860 | | |
| 6. TREASURER'S NAME Karen Combs | | | | | | |
| 7. TREASURER'S MAILING ADDRESS ADDRESS: 1045 Selby Place CITY / STATE / ZIP: St. Louis, MO | | | | 8. TELEPHONE NUMBER HOME: (314) 306-4333 WORK: | | |
| 9. DEPUTY TREASURER'S NAME Kathryn Jayne Drennen <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER | | | | | | |
| 10. DEPUTY TREASURER'S ADDRESS ADDRESS: 347 Hazel Avenue CITY / STATE / ZIP: St. Louis, MO 63119 | | | | 11. TELEPHONE NUMBER HOME: (314) 610-2613 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. <div style="text-align: center; font-size: 2em; font-weight: bold;">Amendment</div> | | | | | | |
| 15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input 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) POLITICAL PARTY | | | | | | |
| A. NAME | | B. ADDRESS | | C. TELEPHONE NO. | D. PARTY | |
| 17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) | | | | | | |
| A. NAME | | | B. ADDRESS | | | |
| 18. CANDIDATES SUPPORTED OR OPPOSED CHECK ONE | | | | | | |
| A. NAME(S) OF CANDIDATE(S) | | B. ELECTION DATE | C. OFFICE SOUGHT | D. POLITICAL SUBDIVISION | E. SUPPORT <input type="checkbox"/> | F. OPPOSE <input type="checkbox"/> |
| 19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED CHECK ONE | | | | | | |
| A. NAME(S) OF MEASURE(S) | | B. ELECTION DATE April 2017 | C. SUBJECT AND POLITICAL SUBDIVISION | | E. SUPPORT <input type="checkbox"/> | F. OPPOSE <input type="checkbox"/> |
| 20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>[Signature: Karen Combs]</i> TREASURER'S SIGNATURE | | | | 21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>[Signature: Tammika Hubbard]</i> CANDIDATE'S SIGNATURE | | |

Missouri Ethics Commission
SEP 22 2014