



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

Missouri Ethics Commission
Office Use:

FEB 21 2017

Statement of Committee Organization

1. Statement Information

Date: 2/16/2017

Type: ☐ New ☒ Amended (if amending, enter MEC ID C000747 & section changed 2 & 3)

2. Committee Information

Home Building Industry Political Action Committee

Name of Committee

10104 Old Olive Street Road, St. Louis, MO 63141

Committee Mailing Address, City, State, & Zip

(314) 994-7700

Telephone Number

St. Louis County Board of Elections

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☐ Candidate ☒ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Stephanie Sikes

Treasurer's Name (First & Last)

10104 Old Olive Street Road, St. Louis, MO 63141

Treasurer's Mailing Address, City, State, & Zip

(314) 817-5628

Treasurer's Home Telephone Number

(314) 817-5628

Treasurer's Work Telephone Number

Laura Rasch

Deputy Treasurer's Name (if one appointed)

10104 Old Olive Street Road, St. Louis, MO 63141

Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 817-5617

Dep. Treasurer's Home Telephone Number

(314) 817-5617

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Home Builders Association of St. Louis & Eastern Missouri

Connected Organization's Name (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

10104 Old Olive Street Road, St. Louis, MO 63141

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)

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

Name & Mailing Address, City, State & Zip of Candidate

Telephone Number (Candidate Committees Only)

Election Date

Political Party

Support or Oppose

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

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

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

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Stephanie Sikes

Committee Treasurer

Candidate (Candidate Committees Only)