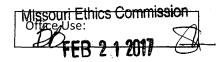


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 2/16/2017		
	Type: New Amended (if amending, enter MEC ID C000	0747 & section ch	nanged 2 & 3
2.	Committee Information		
\$	Home Building Industry Political Action Committee		
	10104 Old Olive Street Road, St. Louis, MO 63141		(314) 994-7700 Telephone Number
	Committee Wanning Address, City, State, & Zip	St. Louis County Boar	ard of Elections
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party		
3.	Treasurer/Deputy Treasurer Information	and the state of the second of	and the second s
	Stephanie Sikes		
	Treasurer's Name (First & Last) 10104 Old Olive Street Road, St. Louis, MO 63141 Treasurer's Mailing Address, City, State, & Zip Laura Rasch	(314) 817-5628 Treasurer's Home Telephone Number	(314) 817-5628 Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Chian Address (ορασπαι)	1
	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 Additional Committee Officer's Mailing Additional Connected Organization's Mailing Address, 6	Road, St. Louis, MO 63141
ō.	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)	Yes (refer to instructions on	back) 📝 No
J.	Candidate Supported or Opposed (candidate committees must	include self. if candidate)	
		()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	
	Election Date Office south & following the	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	· · · · · · · · · · · · · · · · · · ·
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	gnature(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 rther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Lophanie Sikes	Consider Consider Constitution	
	Committee # reasurer /	Candidate (Candidate Committees Only)	