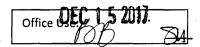


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 12/12/2017		
	Type: New Amended (if amending, enter MEC ID C00	0747 & section ch	anged 2 & 3
2.	Committee Information		
	Iome Building Industry Political Action Committee		
	10104 Old Olive Street Road, St. Louis, MO 63	141	(314) 994-7700
	Committee Mailing Address, City, State, & Zip	Ot Lavia Causty Da	Telephone Number
		St. Louis County Boar	
			loratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Laura Rasch		
	Treasurer's Name (First & Last) 10104 Old Olive Street Road, St. Louis, MO 63141	, 314 \ 817-5617	, 314 _\ 817-5617
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	N/A Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	
	A R A F R R R R R R R R R R R R R R R R	/ \	, , , , , , , , , , , , , , , , , , ,
	Deputy Treasurer's Mailing Address, City, State, & Zipi	Dep. Treasurer's Home Telephone Number	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	Additional Committee Officer's Mailing Add	ress, City, State, & Zip Road, St. Louis, MO 63141
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	
	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)		<u> </u>
b.	Candidate Supported or Opposed (candidate committees must	include sen, ir candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	(Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	nature(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 am aware that any false statement or declaration made herein is punishable under Ch. 575 RSI		
Xauce Harl			
	Committee Treasurer	Candidate (Candidate Committees Only)	