

JAN 1 1 2019



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

Office Use:  
~~T191519~~ *AE*

### Statement of Committee Organization

#### 1. Statement Information

Date: 01/07/2019

Type:  New  Amended (if amending, enter MEC ID C190764 & section changed \_\_\_\_\_)

#### 2. Committee Information

Citizens To Elect Shameem Clark Hubbard  
Name of Committee

5553 Maple Ave St. Louis, MO 63112  
Committee Mailing Address, City, State, & Zip

(314) 393-1393  
Telephone Number

St. Louis City 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

Richelle S Clark  
Treasurer's Name (First & Last)

6049 W Cabanne PL St. Louis, MO 63112  
Treasurer's Mailing Address, City, State, & Zip

(314) 721-8980  
Phone 1

(314) 757-8980  
Phone 2

\_\_\_\_\_  
Deputy Treasurer's Name (if one appointed)

\_\_\_\_\_  
Deputy Treasurer's Email Address (optional)

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

\_\_\_\_\_  
Phone 1

\_\_\_\_\_  
Phone 2

#### 4. Additional Committee Information

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

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

\_\_\_\_\_  
Connected Organization's Name (if any)

\_\_\_\_\_  
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)

Shameem Clark Hubbard 5553 Maple Ave St. Louis, MO 63112  
Name & Mailing address, City, State, & Zip of Candidate

(314) 393-1393  
Phone 1

\_\_\_\_\_  
Phone 2

03/05/2019  
Election Date

Aldersperson/City of St. Louis Ward 24  
Office Sought & Political Subdivision

Democrat  
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)

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.

Richelle S. Clark  
Committee Treasurer

Shameem Clark Hubbard  
Candidate (Candidate Committees Only)

*if DOE web site AE*