



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

Office **JAN 31 2019** *DE*

Statement of Committee Organization

HAND DELIVERED

1. Statement Information

Date: 1-30-2019
Type: New Amended (if amending, enter MEC ID C190788 & section changed _____)

2. Committee Information

DE Name of Committee: Michael Hebron - A Voice For All
Committee Mailing Address, City, State, & Zip: 3134 St. Vincent AVE St Louis MO 63104
Telephone Number: (314) 502-0468
Saint Louis Board of Elections
of Election Commissioners Commissioners
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Lisa Basich
Treasurer's Email Address (optional): Same as above
Treasurer's Mailing Address, City, State, & Zip: 3134 St. Vincent AVE St Louis MO 63104
Treasurer's Home Telephone Number: (314) 647-5287
Treasurer's Work Telephone Number: _____
Deputy Treasurer's Name (if one appointed): _____
Deputy Treasurer's Email Address (optional): _____
Deputy Treasurer's Mailing Address, City, State, & Zip: _____
Dep. Treasurer's Home Telephone Number: _____
Dep. Treasurer's Work Telephone Number: _____

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)

Name & Mailing Address, City, State & Zip of Candidate: Michael Hebron 3134 St. Vincent AVE STL MO 63104
Telephone Number (Candidate Committees Only): (314) 502-0468
Election Date: 3/5/19 primary
Office Sought & Political Subdivision: Alderman/Ward 6
Political Party: Republican
Support or Oppose: Support
Election Date: 4/02/19 General

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.

Committee Treasurer: Lisa A. Basich 1/30/19
Candidate (Candidate Committees Only): Michael Hebron