

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

Statement of Committee Organization

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Office Use:	
A211737	

1.	Statement Information					
	Date: 02/05/2021					
	Type: New Amended (if amending, enter MEC ID		& section changed)			
2.	Committee Information					
	Emily Hubbard for School Board					
	Name of Committee			(760) 226 0242		
	942 Dover Place St. Louis, MO 63111 Committee Mailing Address, City, State, & Zip			(769) 226-0243 Telephone Number		
	[REDACTED]		t. Louis City Board of Election			
	Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Pary					
2						
3.	Treasurer/Deputy Treasurer Information	_				
	John Tressler Treasurer's Name (First & Last)	<u>-</u>	REDACTED] reasurer's Email Address (optional)			
	4050 Utah Street St. Louis, MO 63116	(1	636) 373-1399			
	Treasurer's Mailing Address, City, State, & Zip	Ph	none 1	Phone 2		
	Deputy Treasurer's Name (if one appointed)		REDACTED] eputy Treasurer's Email Address (optional)			
	Deputy Treasurer 3 Name (III one appointed)		eputy Treasurer's Email Address (optional)			
	Deputy Treasurer's Mailing Address, City, State, & Zip	Ph	none 1	Phone 2		
4.	Additional Committee Information					
	Lilley Halloran (Manager)		5301 Walsh Street St Louis, MO 63109			
	Additional Committee Officer's Name & Title (if any)	Āc	dditional Committee Officer's Mailing Address	s, 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)			
5.	Official Bank Account Information (red	Account Information (required by all committees)				
٠.	[REDACTED]		REDACTED]	[REDACTED]		
	Name & Mailing Address, City, State, & Zip of Financial Institu		count Name	Account Number		
6.	Candidate Supported or Opposed (candidate committees must include self, if candidate)					
	Emily Hubbard 942 Dover Place St. Louis, MO 63111		(69) 226-0243			
	Name & Mailing address, City, State, & Zip of Candidate		one 1	Phone 2		
	04/06/2021 Boardm School (on-Partisan			
			itical Party	Support or Oppose		
7.	Ballot Measure Supported or Opposed	allot Measure Supported or Opposed (campaign committees must complete this section)				
	Name of Ballat Manager			Superior Construction of the Construction of t		
_	Name of Ballot Measure		ection Date & Political Subdivision	Support or Oppose		
8.	Signature(s) Check certification(s) & signature			have and server!		
		■affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I In Inther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.				
	ELECTRONICALLY FILED Feb 8 2021 08:43 AM		ELECTRONICALLY FILED Feb 8 2021 08:43 AM			
	Committee Treasurer		Candidate (Candidate Committees Only)			