



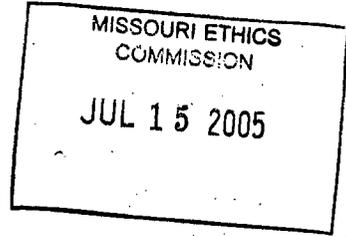
MISSOURI ETHICS COMMISSION
COMMITTEE STATEMENT OF LIMITED ACTIVITY

1. DATE OF REPORT	OFFICE USE ONLY
7/15/05	

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C051001

2. FULL NAME OF COMMITTEE <i>Committee to Elect Charles Q. Troupe For Alderman</i>	
3. COMMITTEE MAILING ADDRESS <i>5353 Union</i>	4. COMMITTEE TELEPHONE NUMBER HOME: <i>314-383-3814</i> WORK:
CITY/STATE/ZIP <i>St. Louis, MO 63115</i>	
5. TREASURER'S NAME <i>Stephanie Ray</i>	
6. TREASURER'S MAILING ADDRESS <i>same as above</i>	7. TREASURER'S TELEPHONE NUMBER HOME: WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER	
9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:
CITY/STATE/ZIP	
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <i>4/1/05</i> THROUGH <i>6/30/05</i>	
14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, POLITICAL SUBDIVISION	



REPUBLICAN DEMOCRAT _____

15. TYPE OF REPORT

OTHER _____

8 DAYS BEFORE ELECTION COMMITTEE QUARTERLY REPORT
 JAN 15 APRIL 15 JULY 15 OCT 15

30 DAYS AFTER ELECTION 15 DAYS AFTER PETITION DEADLINE

15 DAY AFTER CAUCUS NOMINATION

16. TREASURER'S STATEMENT
 I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.

TREASURER'S SIGNATURE
Stephanie Ray

17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEES ONLY)
 I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.

CANDIDATE'S SIGNATURE



MISSOURI ETHICS COMMISSION
COMMITTEE DISCLOSURE REPORT COVER PAGE

1. DATE OF REPORT 7/15/05
OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. **C051001**

2. FULL NAME OF COMMITTEE
Committee to Elect Charles Q. Tronpe For Alderman

3. COMMITTEE MAILING ADDRESS
5353 Union

4. COMMITTEE TELEPHONE NUMBER
314-383-3814

CITY/STATE/ZIP
St. Louis, Mo 63115

5. TREASURER'S NAME
Stephanie Ray

6. TREASURER'S MAILING ADDRESS
same as above

7. TREASURER'S TELEPHONE NUMBER
 HOME: WORK:

CITY/STATE/ZIP

8. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER
 HOME: WORK:

11. DATE OF ELECTION

12. TYPE OF ELECTION (CHECK ONE)
 PRIMARY GENERAL SPECIAL

13. TIME PERIOD COVERED BY THIS STATEMENT
 FROM **4/1/05** THROUGH **6/30/05**

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY

15. TYPE OF REPORT:
 15 DAY AFTER CAUCUS NOMINATION
 COMMITTEE QUARTERLY REPORT
 JAN 15 APRIL 15 JULY 15 OCT 15
 8 DAYS BEFORE ELECTION
 30 DAYS AFTER ELECTION
 TERMINATION (ATTACH FORM CO-3)
 SEMIANNUAL DEBT REPORT
 JAN 15 JULY 15
 ANNUAL SUPPLEMENTAL, JAN 15
 15 DAYS AFTER PETITION DEADLINE
 OTHER _____
 AMENDING PREVIOUS REPORT DATED _____ - 20 _____

CHECK IF INCUMBENT
 REPUBLICAN DEMOCRAT _____

MISSOURI ETHICS COMMISSION
 JUL 15 2005

16. COMMITTEE TREASURER'S SIGNATURE
 I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE

TREASURER'S SIGNATURE
Stephanie Ray

17. CANDIDATE'S SIGNATURE
 (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

CANDIDATE'S SIGNATURE