



MISSOURI ETHICS COMMISSION
COMMITTEE STATEMENT OF LIMITED ACTIVITY

1. DATE OF REPORT <i>2/18/09</i>	OFFICE USE ONLY <i>[Signature]</i>
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INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. *C091039*

2. FULL NAME OF COMMITTEE
Ken Hollen

3. COMMITTEE MAILING ADDRESS
4838 SIGEL AVE

4. COMMITTEE TELEPHONE NUMBER
HOME: *314-932-8890* WORK: *RETIRED AT&T*

CITY/STATE/ZIP
ST. LOUIS, MO 63116

5. TREASURER'S NAME
AVA JORDAN

8. TREASURER'S MAILING ADDRESS
5028 STEPHENS AVE

7. TREASURER'S TELEPHONE NUMBER
HOME: *314-352-5503* WORK: *NONE*

CITY/STATE/ZIP
ST. LOUIS, MO 63116

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

9. DEPUTY TREASURER'S MAILING ADDRESS

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

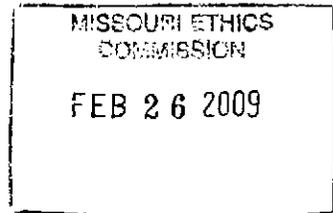
CITY/STATE/ZIP

11. DATE OF ELECTION

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

13. TIME PERIOD COVERED BY THIS STATEMENT
FROM THROUGH

14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, POLITICAL SUBDIVISION



REPUBLICAN DEMOCRAT *Green Party*

15. TYPE OF REPORT
 OTHER

8 DAYS BEFORE ELECTION COMMITTEE QUARTERLY REPORT

30 DAYS AFTER ELECTION JAN 15 APRIL 15 JULY 15 OCT 15

15 DAY AFTER CAUCUS NOMINATION 15 DAYS AFTER PETITION DEADLINE

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.

TREASURER'S SIGNATURE
Ava Jordan

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.

CANDIDATE'S SIGNATURE
K.W. Hollenbach



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. CO 91039

1. DATE OF REPORT <u>2/18/09</u>	OFFICE USE ONLY <i>[Signature]</i>
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE
Ken Hollenbeck

3. COMMITTEE MAILING ADDRESS
4838 SIGEL AVE.

4. COMMITTEE TELEPHONE NUMBER
314-832-8890

CITY / STATE / ZIP
St. Louis, Mo 63116

5. TREASURER'S NAME
AVA JORDAN

6. TREASURER'S MAILING ADDRESS
5028 STEFFENS AVE.

7. TREASURER'S TELEPHONE NUMBER
HOME: 314-352-5503

CITY / STATE / ZIP
ST. LOUIS MO 63116

WORK: NONE

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

9. DEPUTY TREASURER'S MAILING ADDRESS

10. DEPUTY TREASURER'S TELEPHONE NUMBER
HOME:

CITY / STATE / ZIP

WORK:

11. DATE OF ELECTION
April 7, 2009

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

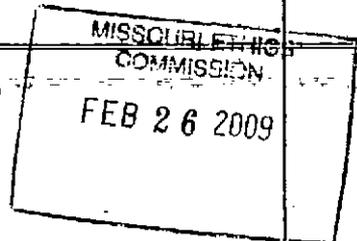
13. TIME PERIOD COVERED BY THIS STATEMENT
FROM March 3 THROUGH Apr. 7

14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY
KEN HOLLENBECK
4838 SIGEL AVE.

15. TYPE OF REPORT
 15 DAYS AFTER CAUCUS NOMINATION
 COMMITTEE QUARTERLY REPORT
 Jan 15 Apr 15 Jul 15 Oct 15
 8 DAYS BEFORE
 30 DAYS AFTER ELECTION

St. Louis, Mo. 63116
Alderman 13th Ward
 CHECK IF INCUMBENT
 REPUBLICAN DEMOCRAT Green P.

TERMINATION (ATTACH FORM CO-3)
 SEMIANNUAL DEBT REPORT
 Jan 15 Jul 15
 ANNUAL SUPPLEMENTAL, JAN 15
 15 DAYS AFTER PETITION DEADLINE
 OTHER
 AMENDING PREVIOUS REPORT DATED _____, 20__



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

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.
Ken Hollenbeck
CANDIDATE'S SIGNATURE



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Ken Hollenbeck</i>		2. REPORT DATE <i>2/18/09</i>	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		AGGREGATE TO DATE	
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:			\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)			\$
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS			\$
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS			\$
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)			AMOUNT RECEIVED
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A			\$
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS			\$
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS			\$
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS			\$
C. LOANS RECEIVED		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
15. NAME AND ADDRESS OF LENDER			
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)			\$
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES			\$
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)			\$
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)			\$
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)			\$
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)			\$



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Ken Hollenbeck</i>	DATE OF REPORT <i>2/18/09</i>	OFFICE USE ONLY
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RECEIPTS	A. THIS PERIOD	B. THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1. TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED	0	\$ 0	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 0	0		
3. ALL LOANS RECEIVED THIS PERIOD	+ 0	0		
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+ 0	0		
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 0	0		
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ 0	0	25. MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY, CASH, SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 0	0	26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ 0
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	- 0	0	27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	- 0
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)	0	\$ 0	a) Disbursements By Check \$	
EXPENDITURES			INDEBTEDNESS	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED	0	\$ 0	28. MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 - 27)	\$ 0
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 0	0	29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+ 0	0		
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ 0	0		
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 0	0	30. LOANS RECEIVED THIS PERIOD	+ 0
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	0	\$ 0	31. NEW DEBTS INCURRED THIS PERIOD	
CONTRIBUTIONS MADE				
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED	0	\$ 0		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0	0	32. PAYMENTS MADE ON LOANS THIS PERIOD	
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ 0	0		
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0	0	33. CREDITS RECEIVED ON LOANS THIS PERIOD	
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	0	\$ 0		
OTHER DISBURSEMENTS			34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ 0	0		
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ 0	0	35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ 0	0		
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0	0		



MISSOURI ETHICS COMMISSION
24 HOUR NOTICE OF LATE CONTRIBUTIONS / LOANS RECEIVED

P.O. BOX 1254
 JEFFERSON CITY, MO 65102
 (800) 392-8660
 (573) 526-4506 (FAX)
 www.mec.mo.gov

M.E.C. ID NO. CD 91039

This form may be used to report the receipt of any late contribution or loan of more than \$250 received within 11 days of the election pursuant to Section 130.050.3 RSMo. Information provided on this form is merely a notice as required.

1. STATEMENT DATE <u>2-18-09</u>		PLEASE NOTE: Any late contribution or loan reported must also be <u>included</u> in subsequent committee disclosure reports.	
2. FULL NAME OF COMMITTEE <u>Ken Hallenbeck</u> (candidate will not campaign except for (P) mayor)			
ADDRESS OF COMMITTEE <u>no funds/contributions</u>			
ADDRESS: <u>need not will fundraise</u>			
CITY / STATE / ZIP:			
3. NAME OF CANDIDATE <u>Ken Hallenbeck</u>		4. OFFICE SOUGHT <u>Alderman 13th Ward</u>	
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS: <u>NONE</u>			
CITY / STATE / ZIP: <u>CAMPAIGN IN NAME ONLY</u>			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS: <u>0</u>			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS: <u>0</u>			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS: <u>0</u>			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS: <u>0</u>			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS: <u>0</u>			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS: <u>0</u>			
CITY / STATE / ZIP:			
FULL NAME:		DATE RECEIVED	AMOUNT
ADDRESS: <u>0</u>			
CITY / STATE / ZIP:			