



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO91154

OFFICE USE ONLY

LT

STATEMENT DATE July 1, 2009 <i>Zuniga</i>		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Marty For Missouri					
4. COMMITTEE MAILING ADDRESS ADDRESS: 2605L Southfield Trail CITY / STATE / ZIP: St. Louis, MO 63129				5. TELEPHONE NUMBER 314-629-4633	
6. TREASURER'S NAME Paula Zuniga					
7. TREASURER'S MAILING ADDRESS ADDRESS: 3114 Olde Post Road CITY / STATE / ZIP: St. Louis, MO 63129				8. TELEPHONE NUMBER HOME: 314-846-4635 WORK: 314-815-3400	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Wayne Hiltzinger					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 5520 Telegraph Road CITY / STATE / ZIP: St. Louis, MO 63129				11. TELEPHONE NUMBER HOME: 314-846-1430 WORK: 314-815-3400	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION Eagle Bank & Trust 5721 S. Lindbergh St. Louis, MO 63129					
B. ACCOUNT NAME Marty for Missouri		C. ACCOUNT NO.			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Martin "Marty" Zuniga		B. ADDRESS 2605L Southfield Trail		C. TELEPHONE NO. 314-629-4633	D. POLITICAL PARTY Democrat
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) Martin "Marty" Zuniga		B. ELECTION DATE August 3, 2010	C. OFFICE SOUGHT State Representative 100th District	D. POLITICAL SUBDIVISION Democrat	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Paula Zuniga</i> TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>Martin Zuniga</i> CANDIDATE'S SIGNATURE	

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JUL 10 2009