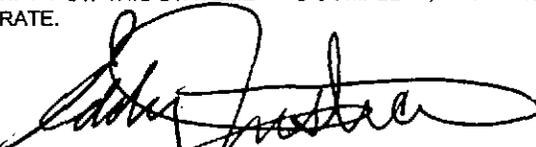




**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C091068

OFFICE USE ONLY  
*SW*

STATEMENT DATE <b>2-22-10</b>		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) <b>6, 7, 8</b>	
3. FULL NAME OF COMMITTEE <b>House Republican Campaign Committee INC</b>					
4. COMMITTEE MAILING ADDRESS ADDRESS: <b>PO Box 1313</b> CITY / STATE / ZIP: <b>Jefferson City, MO 65102</b>				5. TELEPHONE NUMBER	
6. TREASURER'S NAME <b>Eddy Justice</b>					
7. TREASURER'S MAILING ADDRESS ADDRESS: <b>204 Ferguson</b> CITY / STATE / ZIP: <b>Poplar Bluff, MO 63901</b>				8. TELEPHONE NUMBER HOME: <b>573 300 1845</b> WORK: <b>573 785 4596</b>	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
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 type="checkbox"/> N/A	
<b>AMENDMENT</b>					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input 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 B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S)		B. ELECTION DATE		C. OFFICE SOUGHT	
				D. POLITICAL SUBDIVISION	
				CHECK ONE E. SUPPORT <input 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.   TREASURER'S SIGNATURE				21. CANDIDATE'S SIGNATURE ( CANDIDATE COMMITTEES ONLY ) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <b>MISSOURI ETHICS COMMISSION</b>  <b>FEB 22 2010</b> CANDIDATE'S SIGNATURE <b>HAND DELIVERED</b>	