



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C 101258

OFFICE USE ONLY
HO *W*

STATEMENT DATE 4-8-10	TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE
COMMITTEE TO ELECT JOE RUSCH

4. COMMITTEE MAILING ADDRESS ADDRESS: 3694 BELLEVUE CITY / STATE / ZIP: ST-LOUIS, MO 63116	5. TELEPHONE NUMBER 314-276-4497
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6. TREASURER'S NAME
ROBERT CUMMINGS

7. TREASURER'S MAILING ADDRESS ADDRESS: 11421 NORA CT. CITY / STATE / ZIP: ST LOUIS, MO 63044	8. TELEPHONE NUMBER HOME: 314-291-6579 WORK: 314-995-6900
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9. DEPUTY TREASURER'S NAME CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:	11. TELEPHONE NUMBER HOME: WORK:
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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
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)		
A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION EAGLE BANK 6725 CHIPPEWA ST. LOUIS, MO 63109	B. ACCOUNT NAME COMMITTEE TO ELECT JOE RUSCH	C. ACCOUNT NO.

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME JOE RUSCH	B. ADDRESS 3694 BELLEVUE STL, MO 63116	C. TELEPHONE NO. 314-276-4497	D. POLITICAL PARTY R

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME N/A	B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S) JOE RUSCH	B. ELECTION DATE 8-6-10 11-2-10	C. OFFICE SOUGHT STATE REP 108TH DISTRICT	D. POLITICAL SUBDIVISION R	E. SUPPORT <input checked="" type="checkbox"/>	F. OPPOSE <input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF MEASURE(S) N/A	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	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.
Robert Cummings
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)
I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.
Joe Rusch
CANDIDATE'S SIGNATURE

Missouri Ethics Commission
APR 19 2010



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12. OTHER COMMITTEE OFFICERS (IF ANY)

A. NAME	B. ADDRESS	C. TITLE
		APR 12 2010
Received by Fax		

13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE?
 YES NO N/A

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A. NAME(S) OF MEASURE(S) N/A	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. CHECK ONE SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
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