



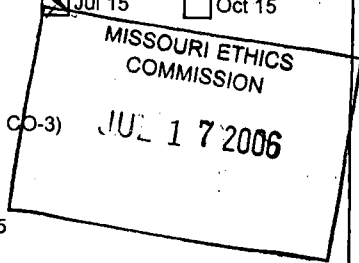
Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C031036

1. DATE OF REPORT <u>07/03/06</u>	OFFICE USE ONLY <i>[Signature]</i> []
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE <u>Hubbard for State Rep.</u>	
3. COMMITTEE MAILING ADDRESS <u>1546 Biddle</u>	
CITY / STATE / ZIP <u>St. Louis MO 63106</u>	
4. COMMITTEE TELEPHONE NUMBER <u>(314) 973-1984</u>	
5. TREASURER'S NAME <u>Milo Wilson</u>	
6. TREASURER'S MAILING ADDRESS <u>1546 Biddle</u>	
CITY / STATE / ZIP <u>St. Louis MO 63106</u>	
7. TREASURER'S TELEPHONE NUMBER HOME: <u>(314) 973-1984</u> WORK:	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER <u>Rodney Hubbard</u>	
9. DEPUTY TREASURER'S MAILING ADDRESS <u>1546 Biddle</u>	
CITY / STATE / ZIP <u>St. Louis Mo. 63106</u>	
10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: <u>314-393-6120</u> WORK:	
11. DATE OF ELECTION <u>08-18-06</u>	12. TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM <u>04-01-06</u> THROUGH <u>06-30-06</u>	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY <u>Rodney Hubbard</u> <u>1017 N 116th</u> <u>St. Louis MO, 63106</u> <u>(314) 393-6120</u> <u>State Representative Dist 58</u>	
15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> 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. <u>Milo Wilson</u> 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. <u>Rodney Hubbard</u> CANDIDATE'S SIGNATURE	





Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE <i>Hubbard 4 State Rep.</i>	DATE OF REPORT <i>7/3/06</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		\$ 8800	MONEY ON HAND	
2. ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$			
3. ALL LOANS RECEIVED THIS PERIOD	+\$ 15300			
4. MISCELLANEOUS RECEIPTS THIS PERIOD	+\$			
5. SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 15300			
6. IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+\$		26. MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+\$ 15300
7. TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 15300		27. MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	
8. FUNDS USED FOR REPAYING LOANS THIS PERIOD	-\$		a) Disbursements By Check \$ 12070.80	\$ 12070.80
9. TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A - 8A)		\$ 24100	b) Disbursements By Cash \$	
EXPENDITURES	A. THIS PERIOD	B. THIS ELECTION	INDEBTEDNESS	
10. TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 10,120.77		
11. EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 12070.80			
12. IN-KIND EXPENDITURES MADE THIS PERIOD	+\$			
13. DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+\$			
14. TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 12070.80		29. OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$
15. TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 22191.57	30. LOANS RECEIVED THIS PERIOD	+\$
CONTRIBUTIONS MADE	A. THIS PERIOD	B. THIS ELECTION	OTHER DISBURSEMENTS	
16. TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$		
17. ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$			
18. ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+\$			
19. TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$			
20. TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$	32. PAYMENTS MADE ON LOANS THIS PERIOD	-\$
21. FUNDS USED FOR REPAYING LOANS THIS PERIOD	+\$		33. CREDITS RECEIVED ON LOANS THIS PERIOD	-\$
22. PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+\$		34. PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	-\$
23. ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+\$		35. TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 - 32 - 33 - 34)	\$
24. TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE <i>Hubbard for State Rep</i>		2. REPORT DATE <i>7/3/06</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: <i>EF Venugo Group</i>		<i>4/15/06</i>	\$ <i>325</i>
ADDRESS: <i>2678 Mc Martin Luther King Dr</i>		<i>\$ 325</i>	<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>St. Louis Mo. 63106</i>			<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME: <i>GRASS Roots for Hunters</i>		<i>4/20/06</i>	\$ <i>100</i>
ADDRESS: <i>7105 W Embury Rd</i>		<i>\$ 100</i>	<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>Joplin Mo 64801</i>			<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME: <i>Greater Kansas City Chamber</i>		<i>4/24/06</i>	\$ <i>300</i>
ADDRESS: <i>1 main st</i>		<i>\$ 300</i>	<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>Kansas City, Mo 64105</i>			<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME: <i>District 7 - PAR</i>		<i>4/24/06</i>	\$ <i>325</i>
ADDRESS: <i>236 Metro Dr</i>		<i>\$ 325</i>	<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>Jefferson City, Mo 65109</i>			<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
NAME: <i>Fredrick R Bosley Jr</i>		<i>4/28/06</i>	\$ <i>300</i>
ADDRESS: <i>3508 Palm Place</i>		<i>\$ 300</i>	<input checked="" type="checkbox"/> MONETARY
CITY / STATE: <i>St. Louis Mo. 63107</i>			<input type="checkbox"/> IN-KIND
EMPLOYER: <input type="checkbox"/> COMMITTEE:			
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)			\$ <i>1350</i>
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES			+ \$ <i>13950</i>
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 INLINE 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			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
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
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep. DATE: 7/3/06

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.			4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)				
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>Boshey & Associates</u> <u>611 N 10th ST</u> <u>St. Louis Mo. 63101</u>		<u>4/28/06</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>Dozier & Associates</u> <u>906 Lafayette ST</u> <u>Jefferson City Mo 65101</u>		<u>4/28/06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>L Kent Granes</u> <u>407 Constitution</u> <u>Jefferson City Mo. 65109</u>		<u>4/28/06</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>Mikki Strong</u> <u>908 amethyst</u> <u>Jefferson City Mo. 65109</u>		<u>4/28/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>80th Legislative Democratic Comm.</u> <u>3433 St. Catherine</u> <u>Flouissant Mo 63033</u>		<u>5/22/06</u> \$ <u>1000</u>	\$ <u>1000</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>The Cedars</u> <u>939 Lebanon Drive</u> <u>St. Louis Mo. 63104</u>		<u>5/25/06</u> \$ <u>200</u>	\$ <u>200</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>Oracle Development</u> <u>200 N Broadway</u> <u>St. Louis Mo.</u>		<u>5/30/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>Mo State Orthopaedic Assoc</u> <u>P.O. Box 2124</u> <u>Jefferson City Mo. 65102</u>		<u>6/9/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS				\$ <u>2975</u>

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep. DATE: 7/3/06

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <u>80th legislature Democratic Comm.</u> ADDRESS: <u>34035 St. Catherine</u> CITY / STATE: <u>Florissant Mo. 63033</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6/19/06</u> \$ <u>1500</u>	\$ <u>500</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Cornston Health Care</u> ADDRESS: <u>Personnel Services</u> CITY / STATE: <u>5302 Village Parkway</u> EMPLOYER: <u>Roger AR 72758</u> <input type="checkbox"/> COMMITTEE:	<u>6/20/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Cornston Health Care</u> ADDRESS: <u>Pharmacy</u> CITY / STATE: <u>5302 Village Parkway</u> EMPLOYER: <u>Roger Ar 72758</u> <input type="checkbox"/> COMMITTEE:	<u>6/20/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Cornston Health Care</u> ADDRESS: <u>Nursing</u> CITY / STATE: <u>5302 Village Parkway</u> EMPLOYER: <u>Roger Ar 72758</u> <input type="checkbox"/> COMMITTEE:	<u>6/20/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Anheuser-Busch - One</u> ADDRESS: <u>1 Busch Place</u> CITY / STATE: <u>St. Louis Mo 63118</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6/6/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Anheuser-Busch - Cos One</u> ADDRESS: <u>1 Busch Place</u> CITY / STATE: <u>St. Louis Mo 63118</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6/6/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>T R Hughes One</u> ADDRESS: <u>239 Fox Hill Rd</u> CITY / STATE: <u>St. Charles Mo. 63301</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>6/16/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Paul McKee</u> ADDRESS: <u>29 Glen Alby Dr</u> CITY / STATE: <u>St. Louis Mo. 63131</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5/30/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <u>2775</u>

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep. DATE: 7/3/06

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: Christopher McKee ADDRESS: 412 Leuker Court CITY / STATE: St. Louis Mo. 63122 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/30/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Leland Swartz ADDRESS: 1224 Grand Canyon Dr CITY / STATE: Wentzville Mo. 63385 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/25/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: B.L. SOKOLIK ADDRESS: 14011 New Bedford Ct CITY / STATE: Chesterfield Mo 63017 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/26/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Cynthia Goodrich ADDRESS: 3110 Bear View CITY / STATE: Wentzville Mo 63385 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/30/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Steven Stone ADDRESS: 5 Terryhille Lane CITY / STATE: St. Louis Mo. 63131 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/30/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Stone, Keyton & Greshman ADDRESS: 7733 Forsyth Blvd CITY / STATE: St. Louis Mo. 63105 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/30/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Black Elected County officials ADDRESS: 4306 Melba CITY / STATE: St. Louis Mo. 63121 EMPLOYER: <input type="checkbox"/> COMMITTEE:	5/1/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: Friends to Elect Ted Hoskins ADDRESS: 8424 Jamison Ave CITY / STATE: St. Louis Mo. 63134 EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	5/1/06 \$ 325	\$ 325 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS	\$ 2600	

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep DATE: 7/3/06

INSTRUCTIONS
PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.
Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.
If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: <u>LGBT Associates</u> ADDRESS: <u>200 N Broadway</u> CITY / STATE: <u>St. Louis Mo. 63102</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5/30/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Tyler Investment</u> ADDRESS: <u>625 Euclid</u> CITY / STATE: <u>St. Louis Mo. 63108</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5/27/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Demba Valuation Ser</u> ADDRESS: <u>77 Meadowbrook</u> CITY / STATE: <u>Ballwin Mo. 63011</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5/30/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>58th Democratic Legislative District</u> ADDRESS: <u>1401 Comet Dr</u> CITY / STATE: <u>St. Louis Mo. 63137</u> EMPLOYER: <input checked="" type="checkbox"/> COMMITTEE:	<u>6/5/06</u> \$ <u>1500</u>	\$ <u>1500</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>ACA Services Inc</u> ADDRESS: <u>4028 Princeton Ridge</u> CITY / STATE: <u>St. Louis Mo. 63025</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5/25/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Final Phase</u> ADDRESS: <u>1409 Washington</u> CITY / STATE: <u>St. Louis Mo. 63103</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5/30/06</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Fuse Inc</u> ADDRESS: <u>802 N 1ST</u> CITY / STATE: <u>St. Louis Mo. 63102</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5/30/06</u> \$ <u>300</u>	\$ <u>300</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: <u>Glenn Mitchell</u> ADDRESS: <u>14558 Burnley Court</u> CITY / STATE: <u>Chesterfield Mo 63017</u> EMPLOYER: <input type="checkbox"/> COMMITTEE:	<u>5/30/06</u> \$ <u>325</u>	\$ <u>325</u> <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
TOTAL: ITEMIZED CONTRIBUTIONS		\$ <u>3725</u>
(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep. DATE: 7/3/06

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.

4. DATE RECEIVED
AGGREGATE TO DATE
5. AMOUNT RECEIVED
(CHECK IF MONETARY OR IN-KIND)

3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME: Environmental Operations Inc
ADDRESS: 1530 South Second St
CITY / STATE: St. Louis Mo. 63104
EMPLOYER: COMMITTEE:
4. DATE RECEIVED: 5/25/06
AGGREGATE TO DATE: \$ 325
5. AMOUNT RECEIVED: \$ 325
(CHECK IF MONETARY OR IN-KIND) MONETARY IN-KIND

NAME: Paluch Brian
ADDRESS: 1047 Couch Ave
CITY / STATE: Kirkwood Mo 63122
EMPLOYER: COMMITTEE:
4. DATE RECEIVED: 5/30/06
AGGREGATE TO DATE: \$ 325
5. AMOUNT RECEIVED: \$ 325
(CHECK IF MONETARY OR IN-KIND) MONETARY IN-KIND

NAME: L + Young
ADDRESS: 15181 Oslevier Dr
CITY / STATE: Chesterfield Mo 63017
EMPLOYER: COMMITTEE:
4. DATE RECEIVED: 5/30/06
AGGREGATE TO DATE: \$ 325
5. AMOUNT RECEIVED: \$ 325
(CHECK IF MONETARY OR IN-KIND) MONETARY IN-KIND

NAME: Arthur Ackermann
ADDRESS: 4045 Woodlawn Ave
CITY / STATE: Kirkwood Mo. 63122
EMPLOYER: COMMITTEE:
4. DATE RECEIVED: 5/30/06
AGGREGATE TO DATE: \$ 325
5. AMOUNT RECEIVED: \$ 325
(CHECK IF MONETARY OR IN-KIND) MONETARY IN-KIND

NAME: Realtors - PAC
ADDRESS: P.O. Box 30635
CITY / STATE: Columbia Mo. 65205
EMPLOYER: COMMITTEE:
4. DATE RECEIVED: 6/23/06
AGGREGATE TO DATE: \$ 325
5. AMOUNT RECEIVED: \$ 325
(CHECK IF MONETARY OR IN-KIND) MONETARY IN-KIND

NAME: Edison Schools Inc
ADDRESS: 521 Fifth Ave
CITY / STATE: New York NY 10175
EMPLOYER: COMMITTEE:
4. DATE RECEIVED: 6/28/06
AGGREGATE TO DATE: \$ 250
5. AMOUNT RECEIVED: \$ 250
(CHECK IF MONETARY OR IN-KIND) MONETARY IN-KIND

NAME: _____
ADDRESS: _____
CITY / STATE: _____
EMPLOYER: _____
COMMITTEE:
4. DATE RECEIVED: _____
AGGREGATE TO DATE: \$ _____
5. AMOUNT RECEIVED: \$ _____
(CHECK IF MONETARY OR IN-KIND) MONETARY IN-KIND

NAME: _____
ADDRESS: _____
CITY / STATE: _____
EMPLOYER: _____
COMMITTEE:
4. DATE RECEIVED: _____
AGGREGATE TO DATE: \$ _____
5. AMOUNT RECEIVED: \$ _____
(CHECK IF MONETARY OR IN-KIND) MONETARY IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS \$ 1875

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep DATE: 7/3/06

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

Total all itemized expenditures at the bottom of the page and carry to item 13 (Subtotal: From Any Attached Pages) on Form CD-3.

If further information is needed concerning reporting itemized expenditures, see Form CD-3 Instructions.

ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS

NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
Steven Stokes 5206 Thrush St. Louis Mo. 63120	4/22/06	Donation	\$ 200.00
Committee to Elect Amiri Bahaden Kansas City Mo	5/1/06	Contr	\$ 300.00
Charles Prete ST. LOUIS MO. 63106	4/1/06	Campaign worker	\$ 150.00
CARL BRUCE ST. LOUIS MO.	5/13/06	Photographer	\$ 300.00
SALAMA MKT	5/18/06	Supplies	\$ 500.00
Annie Malone	5/18/06	Precede	\$ 225.00
Charles Prete	5/25/06	Campaign worker	\$ 250.00
Latisha Nowden 4535 St. Louis MO. 63106	5/25/06	Campaign worker	\$ 150.00
Johnnie May	5/26/06	Campaign worker	\$ 100.00
Keith Costello	5/26/06	Campaign worker	\$ 250.00
TOTAL: ITEMIZED EXPENDITURES (CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ 2425



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep DATE: 7/3/06

INSTRUCTIONS

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ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
NAME AND ADDRESS OF RECIPIENT			
Willie Logan 1217 N 15th St. Louis MO 63106	5/28/06	Campaign Worker	\$ 150
O.R. Pechman 3313 S. Compton St. Louis MO 63118	5/28/06	Campaign Signs	\$ 2,243.79
Rontonyo Hubbard 1118 N 16 St St. Louis MO 63106	6/6/06	Campaign Worker	\$ 300
Felicia Moore	6/8/06	Contribution Worker	\$ 380
Latisha Nowden	6/11/06	Campaign Worker	\$ 300
28th Ward	6/15/06	Contribution	\$ 300
O.R. Pechman	6/16/06	Signs	\$ 1,183.78
Stacey EL Muhammad	6/16/06	Campaign Worker	\$ 250
Sheila Brown 1432 N Park PL ST. LOUIS MO. 63106	6/17/06	Campaign Worker	\$ 300
Denise Ortega	6/17/06	Campaign Worker	\$ 100
TOTAL: ITEMIZED EXPENDITURES			
(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ 5307.57



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep DATE: 7/3/06

INSTRUCTIONS

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ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
Marcia Curtis 2801 mlk St. Louis mo. 63106	6/18	Campaign worker	\$ 100
Keith Costello 1520 CARR St. Louis mo 63106	6/21/06	Campaign worker	\$ 300
Daphyne Garnett 1546 CARR St. Louis mo. 63106	6/21/06	Campaign worker	\$ 100
Denise Ortega 2801 mlk St. Louis mo. 63106	6/21/06	Campaign worker	\$ 200
Charles Prete 3696 Finney St. Louis mo 63113	6/21/06	Campaign worker	\$ 300
Alzalee Henderson 2904 N 22nd St. Louis mo. 63106	6/22/06	Campaign worker	\$ 100
Vernell Williams 1520 Biddle St. Louis mo. 63100	6/23/06	Campaign worker	\$ 300
Brenda Montgomery 1126 N 16th St St. Louis mo. 63106	6/24/06	Campaign worker	\$ 50.00
Ronnie Vernell 2801 mlk St. Louis mo. 63106	6/24/06	Campaign worker	\$ 200.00
Ethelbert Dentman 1520 CARR St. Louis mo. 63106	6/24/06	Campaign worker	\$ 150.00
TOTAL: ITEMIZED EXPENDITURES			
(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ 1700



MISSOURI ETHICS COMMISSION
EXPENDITURES MADE - SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE: Hubbard for State Rep DATE: 07/03/06

INSTRUCTIONS

PURPOSE: The purpose of the Expenditures Made supplement is to provide a printed outline for attaching additional pages to Form CD3 (Expenditures and Contributions Made). This form should be used as additional space for reporting itemized expenditures over \$100 and all payments to campaign workers. This form may be reproduced as needed.

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ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT PAID OR INCURRED THIS PERIOD
NAME AND ADDRESS OF RECIPIENT			
Vernell Williams 1520 Biddle St. Louis MO 63106	6/29	Campaign worker	\$ 500.00
Original Graffitt Earth City MO -	6/29	Campaign Advertisement	\$ 1200.00
Vernell Williams 1520 Biddle St. Louis MO 63106	6/29	Campaign Worker	\$ 300.00
Alzalee Henderson 2904 N 22nd St. Louis MO 63107	6/30	Campaign Worker	\$ 100.00
Fed Ex 312 S Grand St. Louis MO 63118	6/20/06	COPIES	\$ 178.05
Home Depot 3200 S. Kingshighway St. Louis mo. 63139	6/5/06	Tools	\$ 246.44
Warrenton Citgo 1001 N HWY WARRENTON MO.	5/31/06	GAS	\$ 51.97
Exxon mobil 2601 Delmar St. Louis MO. 63106	6/8/06	GAS	\$ 61.70
			\$
			\$
TOTAL: ITEMIZED EXPENDITURES			
(CARRY TO ITEM 13 "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ 2,638.23