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# Statement of Committee Organization

**1. Statement Information**

Date: 6 April 2015  
 Type:  New  Amended (if amending, enter MEC ID C151080 & section changed \_\_\_\_\_)

**2. Committee Information**

Give Missourians a Raise  
 Name of Committee  
P. O. Box 39454 St. Louis, MO 63139 (314) 660-3447  
 Committee Mailing Address, City, State, & Zip Telephone Number  
St. Louis (City) Board of Election Commissioners  
 County Clerk or Board of Election Commissioners  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Lew Prince  
 Treasurer's Name (First & Last) 7043 Pershing University City 63130  
 Treasurer's Mailing Address, City, State, & Zip (314) 494-3690 314 721-4096  
 Treasurer's Email Address (optional) (314) 720-4096  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
James P. Lappe  
 Deputy Treasurer's Name (if one appointed) 5836 Sunshine Dr., Apt. 2-N, St. Louis, MO 63109  
 Deputy Treasurer's Mailing Address, City, State, & Zip (314) 660-3447 (314) 660-3447  
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

**4. Additional Committee Information**

Additional Committee Officer's Name & Title (if any) \_\_\_\_\_  
 Additional Committee Officer's Mailing Address, City, State, & Zip \_\_\_\_\_  
 Connected Organization's Name (if any) \_\_\_\_\_  
 Connected Organization's Mailing Address, City, State, & Zip \_\_\_\_\_  
 CANDIDATES: Do you have more than one candidate committee?  Yes (refer to instructions on back)  No

**5. Official Bank Account Information (required by all committees)**

ACCOUNT NUMBER \_\_\_\_\_

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Name & Mailing Address, City, State & Zip of Candidate \_\_\_\_\_  
 Telephone Number (Candidate Committees Only) \_\_\_\_\_  
 Election Date \_\_\_\_\_ Office Sought & Political Subdivision \_\_\_\_\_ Political Party \_\_\_\_\_ Support or Oppose \_\_\_\_\_

**7. Ballot Measure Supported or Opposed (campaign committees must complete this section)**

Petition to Increase of minimum wage Support  
 Name of Ballot Measure 2016-035 11-8-16  
 Election Date & Political Subdivision Support or Oppose

**8. Signature(s) Check certification(s) & sign (required by all committees)**

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

[Signature]  
 Committee Treasurer

\_\_\_\_\_  
 Candidate (Candidate Committees Only)