



Office Use: *bb*

# Statement of Committee Organization

**1. Statement Information**

Date: 07/15/2015  
 Type:  New  Amended (if amending, enter MEC ID C151125 & section changed \_\_\_\_\_)

**2. Committee Information**

Missourians For Fair Wages

Name of Committee  
PO Box 521 Jefferson City, Missouri 65102 (314) 399-8307  
Telephone Number

Cole County Clerk  
County Clerk or Board of Election Commissioners

Official Committee Email Address \_\_\_\_\_  
 Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

David Jackson  
Treasurer's Name (First & Last)  
1034 S. Brentwood, St. Louis, MO 63117  
Treasurer's Mailing Address, City, State, & Zip  
Treasurer's Email Address (optional) \_\_\_\_\_  
(314) 406-2933 (314) 399-8307  
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Kate Casas  
Deputy Treasurer's Name (if one appointed)  
1034 S. Brentwood, St. Louis, MO 63117  
Deputy Treasurer's Mailing Address, City, State, & Zip  
Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
( ) ( )  
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)**

**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)**

Raise Missouri's Minimum Wage 11/16 & State of Missouri Oppose  
Name of Ballot Measure 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.

\_\_\_\_\_  
Committee Treasurer Candidate (Candidate Committees Only)