1. **Statement Information**

   **Date:** 18-1-17 2017

   **Type:** □ New  □ Amended (if amending, enter MEC ID MEC ID: 11926 & section changed)

2. **Committee Information**

   **Raise Up Missouri**

   **Name of Committee:**

   2725 Clifton Ave.  
   St. Louis MO 63139  
   314-6440-466

   **St. Louis (city) 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 Ave.  
   St. Louis MO 63130  
   314-494-3690

   **Treasurer’s Mailing Address, City, State, & Zip:**

   James Lappe

   **Deputy Treasurer’s Name (if one appointed):**

   6111 Alabama Ave.  
   St. Louis MO 63111  
   314-660-3447

   **Deputy Treasurer’s Mailing Address, City, State, & Zip:**

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)**

   **Initiative Petition to Raise State Minimum Wage (Raise Up Missouri):**

   **Name of Ballot Measure:**

   **9 November 2018 Support**

   **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.

   Candidate (Candidate Committees Only)

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Form must be completed in full & contain original signature(s), fax filings are not accepted.

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