



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Commission

Office Use:
AUG 25 2022

Rec'd by email

1. Statement Information

Date: 08/25/2022

Type: ☐ New ☒ Amended (if amending, enter MEC ID C171220 & section changed 2)

2. Committee Information

Friends of Raychel Proudie

Name of Committee

335 Saint Louis Avenue

Committee Mailing Address, City, State, & Zip

(314) 717-1416

Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

James Hill

Treasurer's Name (First & Last)

12360 Merrick Drive St. Louis, MO 63146

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(314) 249-6580

Treasurer's Home Telephone Number

(314) 367-1759

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

N/A

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)

N/A

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

Raychel Proudie; 335 St. Louis Ave 63135

Name & Mailing Address, City, State & Zip of Candidate

(314) 717-1416

Telephone Number (Candidate Committees Only)

11/08/2022

Election Date

State Rep; 73

Office Sought & Political Subdivision

Democrat

Political Party

Support

Support or Oppose

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

N/A

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)