



Office Use:
 C211623

Statement of Committee Organization

1. Statement Information

Date: 04/23/2021
 Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Healthy Missouri Families
 Name of Committee

2725 Clifton Av. Saint Louis, MO 63139
 Committee Mailing Address, City, State, & Zip

(314) 644-0466
 Telephone Number

[REDACTED]
 Official Committee Email Address

St. Louis City Board of Elections
 County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Lisa D'Souza
 Treasurer's Name (First & Last)

[REDACTED]
 Treasurer's Email Address (optional)

2725 Clifton Ave. Saint Louis, MO 63139
 Treasurer's Mailing Address, City, State, & Zip

(314) 449-5159
 Phone 1

Phone 2

James Lappe
 Deputy Treasurer's Name (if one appointed)

[REDACTED]
 Deputy Treasurer's Email Address (optional)

6111 Alabama Ave. Saint Louis, MO 63111
 Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 660-3447
 Phone 1

Phone 2

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)

[REDACTED]
 Name & Mailing Address, City, State, & Zip of Financial Institution

[REDACTED]
 Account Name

[REDACTED]
 Account Number

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

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

 Phone 1

 Phone 2

 Election Date

 Office Sought & Political Subdivision

 Political Party

 Support or Oppose

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

Healthy Missouri Families
 Name of Ballot Measure

11/08/2022,Statewide
 Election Date & Political Subdivision

Support
 Support or Oppose

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

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.

ELECTRONICALLY FILED Apr 23 2021 10:47 AM
 Committee Treasurer

ELECTRONICALLY FILED Apr 23 2021 10:47 AM
 Candidate (Candidate Committees Only)