



Office Use:  
 C242706

# Statement of Committee Organization

## 1. Statement Information

Date: 01/25/2024  
 Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Protect Majority Rule  
 Name of Committee \_\_\_\_\_  
 PO Box 2187 St. Louis, MO 63158 (314) 440-7509  
 Committee Mailing Address, City, State, & Zip Telephone Number  
 [REDACTED] St. Louis City Board of Elections  
 Official Committee Email Address 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

Mike Pridmore Treasurer's Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)
PO Box 2187 St. Louis, MO 63158 Treasurer's Mailing Address, City, State, & Zip	(314) 440-7509 Phone 1 <span style="float: right;">Phone 2</span>
_____ Deputy Treasurer's Name (if one appointed)	[REDACTED] Deputy Treasurer's Email Address (optional)
_____ Deputy Treasurer's Mailing Address, City, State, & Zip	_____ Phone 1 <span style="float: right;">Phone 2</span>

## 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
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## 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)

TBD Name of Ballot Measure	11/05/2024,Statewide Election Date & Political Subdivision	Support Support or Oppose
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## 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.

<u>ELECTRONICALLY FILED Jan 25 2024 01:54 PM</u> Committee Treasurer	<u>ELECTRONICALLY FILED Jan 25 2024 01:54 PM</u> Candidate (Candidate Committees Only)
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