

Packet (Rev. 1/2021)

Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Misso	uri Çthics Commission
	Office Use:
V	Office Use:

1.	Statement Information Date: May 14, 2021	8	
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C131	185 & section cha	inged treasurer
2.	Committee Information		
	Committee to elect Mavis Thompson		. <u>.</u>
	Name of Committee 1720 Market St. P O Box 771233 St. Louis	, MO 63177	(314)330-8537
	Committee Mailing Address. Citv. State. & Zin	City of St. Louis Bo	Telephone Number
	official Committee Email Address	County Clerk, Board of Election Commissione	
	Committee Type: ☐ Campaign	·	
3.	Treasurer/Deputy Treasurer Information		
	Rev. Burton Barr		·
	Treasurer's Name (First & Last) 2000 Willowcrest Ln, St. Louis, MO 63138	Treasurer's Email Address (optional) (314)363 - 8679	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	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	Line State And Control	
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	Additional Committee Officer's Name & Title (if any)	dational Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?		oack) 🗏 No
5.	Official Bank Account Information (required by all committees)	the second second	William Committee of the Committee of
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6.	Candidate Supported or Opposed (candidate committees must i		- AN
	Mavis Thompson, 3510 Dodier Street, St. Louis, MO 63131	(314)330-8537	()
	Name & Mailing Address, City, State & Zip of Candidate August 2, 2022 St. LOUIS LICENSE COLLECTOR	Telephone Number (Candidate Committees C	SUPPORT
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) – Check certification(s) & sign (required by all comm	ittees)	3. M. J
	■ I affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or of		
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	Committee Treasurer	Candidate (Candidate Committees Only)	4
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