



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BB KE

Statement of Committee Organization

1. Statement Information

Date: 12-12-13
 Type: New Amended (if amending, enter MEC ID C131185 & section changed _____)

2. Committee Information

Committee to Elect Mavis Thompson
 Name of Committee

1720 Market St PO Box 771233 St. Louis MO 63177-2233 (314) 436-8320
 Committee Mailing Address, City, State, & Zip Telephone Number

Official Committee Email Address _____ St. Louis City
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Mark H. Levison
 Treasurer's Name (First & Last)

2903 Russell Blvd St. Louis MO 63104-1536 (314) 323-5160 (314) 436-8320
 Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number

N/A N/A
 Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

N/A (N/A) (N/A)
 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 N/A
 Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip

N/A N/A
 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)

Account Name _____

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

Mavis Thompson (314) 436-8320 ()
 Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)

August 2014 St. Louis City License Collector Democrat Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose

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

N/A N/A 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.

[Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)