



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

Office Use: *BB* *[Signature]*

Statement of Committee Organization

1. Statement Information

Date: 04/24/2015
 Type: New Amended (if amending, enter MEC ID C131185 & section changed 2 & 6)

2. Committee Information

Committee To Elect Mavis Thompson
 Name of Committee
1720 Market St. PO Box 771233 St. Louis, Mo. 63177
 Committee Mailing Address, City, State, & Zip
 Telephone Number
St. Louis City
 County Clerk or Board of Election Commissioners
 Official Committee Email Address
 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 Bld St. Louis, Missouri 63104
 Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(314) 323-5160 (314) 436-8320
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
 Deputy Treasurer's Name (if one appointed)
 Deputy Treasurer's Email Address (optional)
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 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)
AMENDMENT
 Connected Organization's Name (if any)
 Additional Committee Officer's Mailing Address, City, State, & Zip
 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 _____ Account Number _____

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

Mavis Thompson
 Name & Mailing Address, City, State & Zip of Candidate
08/07/2018 License Collector Democrat Support
 Election Date Office Sought & Political Subdivision Political Party Support or Oppose
 Telephone Number (Candidate Committees Only)
(314) 330-8537

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.

[Signature] Committee Treasurer
[Signature] Candidate (Candidate Committees Only)