



Statement of Committee Organization

1. Statement Information

Date: 1-28-19
 Type: New Amended (if amending, enter MEC ID C31185 & section changed ELECTION DATE)

2. Committee Information

Name of Committee: COMMITTEE TO ELECT MAVIS THOMPSON
 Committee Mailing Address, City, State, & Zip: 1720 MARKET ST P.O. BOX 771233 ST. LOUIS, MO 63177
 Telephone Number: (314) 330-8537

ST. LOUIS CITY BOARD OF ELECTIONS
 County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): CHARLI COOKSEY
 Treasurer's Mailing Address, City, State, & Zip: 4190 SACRAMENTO, ST. LOUIS MO 63115
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (314) 348-0392
 Treasurer's Work Telephone Number: _____

Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 Deputy Treasurer's Email Address (optional): _____
 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
 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)

N/A

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

Name & Mailing Address, City, State & Zip of Candidate: MAVIS THOMPSON 1720 MARKET ST. ST. LOUIS, MO 63177
 Telephone Number (Candidate Committees Only): (314) 330-8537
 Election Date: 8/2022
 Office Sought & Political Subdivision: LICENSE COLLECTOR
 Political Party: DEMOCRAT
 Support or Oppose: SUPPORT

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

Name of Ballot Measure: N/A
 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.

Committee Treasurer: Charli Cooksey
 Candidate (Candidate Committees Only): Mavis Thompson