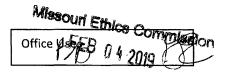


Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

1.	Statement Information	1. 经发热费金净运营运输。	
	Date: 1-28-19	125	ELETION
2	Type: New Amended (if amending, enter MEC ID CB)	& section of	changed <u>DATE</u>)
2.	COMMITTEE TO ELECT MANIS THOMPSON		
	COMMITTEE TO ELECT MANIS THOMPSON	103177	
	1720 MARKET ST P.O. BOX 771233	STILOUIS, MO	<u>13141330-8537</u>
	Committee Mailing Address, City, State, & Zip	et long city	BOARD OF ELECTION
	-4k. () x	County Clerk or Board of Election Commis	ssioners
	Committee Type: Campaign Candidate Continuing (PA	AC) Debt Service Ex	ploratory Political Party
3.	Treasurer/Deputy Treasurer Information		CAN THE THE PARTY OF THE PARTY
	CHARLI COOKSEY	-	· · · · · · · · · · · · · · · · · · ·
	Treasurer's Name (First & Last) 63115 4190 SACRAMENTO, STILOUIS MO	Treasurer's Email Address (optional)	2.
,	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 (option	not)
	Deputy Heasurer's Maine (if one appointed)	/ /	/ \
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	er Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		"我们是我们的一种的人,我们就是
	ANNIATION		
	Additional Committee Officer's Name & Titlevill any)	Additional Committee Officer's Mailing A	ddress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address	ss, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions o	on back) X No
5.	Official Bank Account Information (required by all committees)		
		, ,	
	No. of the state o		
6.	Candidate Supported or Opposed (candidate committees must in MANS THOMPSON COLORS 127)	nclude self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate DD 2014 771233	(314) 350 - 853 Telephone Number (Candidate Committee	65 ()
	8/2022 LICENSE COILECTOR	DEMOCRAT	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)	Control of the Contro
	m/A		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8. •	Signature(s) Check certification(s) & sign (required by all comm		· 1887年以前4月1日春安全等
,	i affirm and attest under penalty of perjury that information and further acknowledge that I am aware that any false statement or o		
	1 Valor		
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.

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