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

Statement of Committee Organization

DEC 2 0 2023 Office Use: Rec'd by email

Statement Information : Date: 12/18/2023		Marine and a special state of
Type: New Amended (if amending, enter MEC ID	C232667 & section ch	nanged)
Committee Information		
Friends to Elect Dr. Kem Smith		
Name of Committee 12928 Eadstone Ln Florissant, MO 63033		(314)482-1208
Committee Mailing Address, City, State, & Zlp		Telephone Number
Official Committee Email Address	County Clerk, Board of Election Commission	ners, or Federal PAC/Out of State Committee
Committee Type: □ Campaign ■ Candidate □ Contin		
Treasurer/Deputy Treasurer Information		
Nichol M. Gordon		
reasurer's Name (First & Last)	Treasurer's Email Address (optional)	
11128 Towering Pines Dr	(314)484-4547	()
reasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
St. Louis, Mo 63136		
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)
		()
eputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Numbe
Additional Committee Information		establica de la companya de la comp
Chinica Young Campaign Manager 2655 Valley Brook Dr Florissant, MO 6		Florissant, MO 63033
dditional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	ress, City, State, & Zip
Connected Organization's Name (if any)	Connected Organization's Mailing Address,	,
CANDIDATES: Do you have more than one candidate comn		
Official Bank Account Information (required by all commi	ttees)	ANGM. Special Categories
would be a second of the secon		
Candidate Supported or Opposed (candidate committees	must include self, if candidate)	
Kem Smith 12928 Eadstone Ln Florissant MC	The state of the s	1
lame & Mailing Address, City, State & Zip of Candidate		s Only)
August 6, 2024 Missouri State Rep	Democrat	
lection Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supported or Opposed (campaign commit	ttees must complete this section)	
lame of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
		Support of Sphose
Signature(s) — Check certification(s) & sign (required by al	l committees)	
lacksquare I affirm and attest under penalty of perjury that informa	, ,	
urther acknowledge that I am aware that any false statem	ent or declaration made herein is pu	nishable under Ch. 575 RSMo.
Nichel M. Hordon)	Gen The I've	
Committee Treasurer	Candidate (Candidate Committees Only)	