Missouri Ethics Commission



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

office Use: 2025 Received by Mail

Statement of Committee Organization

1.	Statement Information Date: 01062025		
	Type: New Amended (if amending, enter MEC ID C243	122 & section cha	, 6 & 7
2	Committee Information	& section cha	nged)
2.	RIENDS TO ELECT MARLA SMITH		
	Name of Committee 6730 ROBERTS AVE. ST. LOUIS, MO 63133-1420		(314) 556-1769
	Committee Mailing Address, City, State, & Zip	SAINT LOUIS	Telephone Number
	Official Committee Email Address	County Clerk, Board of Election Commissioner	rs, or Federal PAC/Out of State Committee
	Committee Type: ☐ Campaign ■ Candidate ☐ Continuing (PA		
3.	reasurer/Deputy Treasurer Information		
	MARVIN TERRELL		
	Treasurer's Name (First & Last) 6925 JULIAN AVE. ST. LOUIS, MO 63130	Treasurer's Email Address (optional)	
	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 (optional)	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4. Additional Committee Information			
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ss, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cit	ty, State, & Zip
CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back)			ack) 🗆 No
5. Official Bank Account Information (required by all committees)			
			VAL
٠.	MARIA SMITH 6720 DOREDTS AVE. STI. NO 62422	- Same State of the 1976 State of the 1975 State of 1975 S	
	MARLA SMITH 6730 ROBERTS AVE. STL, MO 63133 Name & Mailling Address, City, State & Zip of Candidate	(314) 556-1769	()
	AUG. 4, 2026 STATE REPRESENTATIVE, HD74	Telephone Number (Candidate Committees O 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)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) – Check certification(s) & sign (required by all comm	ittees)	
	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 d	eclaration made herein is puni	shable under Ch. 575 RSMg.
	/S/MARVIN TERRELL	/S/MARLA SMITH	While Charles
	Committee Treasurer	Candidate (Candidate Committees Only)	()

MO 300-1308 Packet (Rev. 1/2021)