



Office Use:  
C243194

# Statement of Committee Organization

## 1. Statement Information

Date: 11/25/2024  
Type:  New  Amended (if amending, enter MEC ID \_\_\_\_\_ & section changed \_\_\_\_\_)

## 2. Committee Information

Smith Victory Fund  
Name of Committee

P.O.BOX 38271 SAINT LOUIS, MO 63138 (314) 467-0171  
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] St. Louis County Board of Elections  
Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

## 3. Treasurer/Deputy Treasurer Information

Clem Smith [REDACTED]  
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

P.O.BOX 38271 SAINT LOUIS, MO 63138 (314) 467-0171  
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

\_\_\_\_\_  
Deputy Treasurer's Name (if one appointed) [REDACTED]  
Deputy Treasurer's Email Address (optional)

/ \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

## 4. Additional Committee Information

\_\_\_\_\_  
Additional Committee Officer's Name & Title (if any) \_\_\_\_\_  
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)

[REDACTED] [REDACTED] [REDACTED]  
Name & Mailing Address, City, State, & Zip of Financial Institution Account Name Account Number

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

Clem Smith P.O.BOX 38271 SAINT LOUIS, MO 63138 (314) 467-0171  
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/04/2026 Countywide/St. Louis Democrat  
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

## 8. Signature(s) Check certification(s) & sign (required by all committees)

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.

ELECTRONICALLY FILED Nov 25 2024 08:46 AM ELECTRONICALLY FILED Nov 25 2024 08:46 AM  
Committee Treasurer Candidate (Candidate Committees Only)