

Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

## Statement of Committee Organization

Office Use:	
C243235	

1. Statement Information				
Date: 12/13/2024				
Type: New Amended (if amending, enter MEC ID		& section ch	anged)	
2. Committee Information				
Brian H. Marston for School Board  Name of Committee				
3875 Connecticut St Saint Louis, MO	63116		(314) 238-4339	
Committee Mailing Address, City, State, & Zip			Telephone Number	
[REDACTED] Official Committee Email Address		St. Louis City Board of Electi County Clerk, Board of Election Commission	ONS ners, Federal PAC/Out of State Committee	
Committee Type: Campaign	Candidate Continuir	ng(PAC) Debt Service E	_	
3. Treasurer/Deputy Treasurer Inform	ation			
Amanda Doyle		[REDACTED]		
Treasurer's Name (First & Last)		Treasurer's Email Address (optional)		
3875 Connecticut St Saint Louis, MO Treasurer's Mailing Address, City, State, & Zip	63116	(314) 920-6881 Phone 1	Phone 2	
		[REDACTED]		
Deputy Treasurer's Name (if one appointed)		Deputy Treasurer's Email Address (optiona	1)	
, 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 Mai			dress, City, State, & Zip	
Connected Organization's Name (if any)		Connected Organization's Mailing Address, City, State, & Zip  Yes (refer to instructions on back)  No		
CANDIDATES: Do you have more tha	n one candidate committee			
5. Official Bank Account Information (	required by all committees)			
[REDACTED]		[REDACTED]	[REDACTED]	
Name & Mailing Address, City, State, & Zip of Financial Ir		Account Name	Account Number	
5. Candidate Supported or Opposed (c				
Brian Marston 3875 Connecticut St Saint Louis, MO 63116  Name & Mailing address, City, State, & Zip of Candidate		(314) 238-4339 Phone 1	Phone 2	
04/08/2025 Boar	dmember/St. Louis City			
	Ol District Sought & Political Subdivision	Political Party	Support or Oppose	
7. Ballot Measure Supported or Oppos	sed (campaign committees r	nust complete this section)		
Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
B. Signature(s) Check certification(s) &	sign (required by all comm	ittees)		
■affirm and attest under penalty o			ete, true, and accurate. I	
further acknowledge that I am awar				
ELECTRONICALLY FILED Dec 13 2024	06:45 PM	ELECTRONICALLY FILED Dec	13 2024 06:45 PM	