



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Missouri Ethics Commission

AUG 7 9 2022
Office Use:

1. Statement Information	
Date: August 23, 2022	
Type: <input type="checkbox"/> New <input checked="" type="checkbox"/> Amended (if amending, enter MEC ID <u>C171116</u> & section changed <u>6</u>)	
2. Committee Information	
Name of Committee: Friends of Michele Kratky	
Committee Mailing Address, City, State, & Zip: 6001 Bishops Place, St. Louis, MO 63109	
Telephone Number: (314) 713-1408	
Official Committee Email Address: _____	
County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee: _____	
Committee Type: <input type="checkbox"/> Campaign <input type="checkbox"/> Candidate <input type="checkbox"/> Continuing (PAC) <input type="checkbox"/> Debt Service <input type="checkbox"/> Exploratory <input type="checkbox"/> Political Party	
3. Treasurer/Deputy Treasurer Information	
Treasurer's Name (First & Last): Mark Mechler	
Treasurer's Mailing Address, City, State, & Zip: 47 Willmore Rd; St. Louis, MO 63109	
Treasurer's Email Address (optional): _____	
Treasurer's Home Telephone Number: (314) 330-8218	
Treasurer's Work Telephone Number: _____	
Deputy Treasurer's Name (if one appointed): _____	
Deputy Treasurer's Email Address (optional): _____	
Deputy Treasurer's Home Telephone Number: _____	
Deputy Treasurer's Work Telephone Number: _____	
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? <input type="checkbox"/> Yes (refer to instructions on back) <input type="checkbox"/> No	
5. Official Bank Account Information (required by all committees)	
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)	
Self	
Name & Mailing Address, City, State & Zip of Candidate: August 4th, 2026 Missouri State Senate District. 4	
Telephone Number (Candidate Committees Only): (314) 713-1403	
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)	
<input checked="" type="checkbox"/> I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate.	