

C161019



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

MO Ethics Commission

Office Use:
AUG 27 2024

Rec'd by email

1. Statement Information

Date: 8.23.24
Type: [] New [X] Amended (If amending, enter MEC ID C161019 & section changed 6)

2. Committee Information

Name of Committee: Friends of Fred Wessels
Committee Mailing Address: 3955 Dover Place St Louis MO 63116
Telephone Number: (314) 353 0335

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last):
Treasurer's Mailing Address, City, State, & Zip:
Deputy Treasurer's Name (if one appointed):
Deputy Treasurer's Mailing Address, City, State, & Zip:
Treasurer's Email Address (optional):
Treasurer's Home Telephone Number:
Treasurer's Work Telephone Number:
Deputy Treasurer's Email Address (optional):
Dep. Treasurer's Home Telephone Number:
Dep. Treasurer's Work Telephone Number:

4. Additional Committee Information

Amendment
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) [X] No

5. Official Bank Account Information (required by all committees)

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

Name & Mailing Address, City, State & Zip of Candidate: Alfred J. (Fred) Wessels Jr., 3955 Dover Pl, St Louis MO 63116
Telephone Number (Candidate Committees Only): (314) 353 0335
Election Date: Nov 26, August 4, 2026
Office Sought & Political Subdivision: State Senate
Political Party: Dem
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)

[X] 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 declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer: [Signature]
Candidate (Candidate Committees Only): [Signature]