



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission

Office Use

NOV 13 2018

Statement of Committee Organization

1. Statement Information

Date: 10/29/2018

Type: ☒ New ☐ Amended (if amending, enter MEC ID C180961 & section changed _____)

2. Committee Information

Name of Committee: FRIENDS OF FRED KRATKY

Committee Mailing Address, City, State, & Zip: 6001 BISHOPS PL ST. LOUIS, MO 63109

Telephone Number: (314) 481-0444

Official Committee Chair/President

ST. LOUIS CITY BOARD OF ELECTIONS
County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): ANNE RECENTES

Treasurer's Mailing Address, City, State, & Zip: 3117 HAMPTON AVE ST. LOUIS, MO 63139

Treasurer's Home Telephone Number: (314) 448-0822

Treasurer's Work Telephone Number: (314) 645-4332

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 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)

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

SELF - FRED KRATKY 6001 BISHOPS PL ST. LOUIS, MO 63109 (314) 481-0444
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
08/04/2020 State Rep. 82 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: N/A Election Date & Political Subdivision: N/A Support or Oppose: N/A

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

☐ 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

Candidate (Candidate Committees Only)