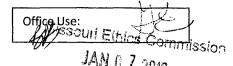


## Missouri Ethics Commission (MEC)

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

## **Statement of Committee Organization**



L.	Statement Information  Date: Jan 1, 2019		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C171	116 & section cha	inged 6
	Committee Information Friends of Michele Kratky		
	Name of Committee 6001 Bishops Place St. Louis, MO 63109		(314)713-1408
	VIATA & ZID	St. Louis City Board	of Elections
	Official Committee Email Address  Committee Type: ■ Campaign □ Candidate □ Continuing (P.	County Clerk or Board of Election Commission  AC) Debt Service Explo	
	Treasurer/Deputy Treasurer Information Mark Mechler	rakus 1 Ass. Setti.	
	Treasurer's Name (First & Last) 47 Willmore Rd St. Louis, MO 63109  Treasurer's Mailing Address, City, State, & Zip	Treasurer's Email Address (optional) (314) 330-8218 Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	1
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Numbe
	Additional Committee Information  Additional Committee Officer's Name & Fitle (If any);	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Co	ity, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?   Yes (refer to instructions on back)   No Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & ZIp of Financial Institution	Account Name	Account Number
	Candidate Supported or Opposed (candidate committees must i Self	(314 <sub>)</sub> 713-1408	()
	Name & Mailing Address, City, State & Zip of Candidate  August 2, 2022  State Senate	Telephone Number (Candidate Committees Commi	Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
	Signature(s) Check certification(s) & sign (required by all committees)		
	I affirm and attest under penalty of perjury that information and further are nowledge that) am aware that any false statement or compared to the statement of		· · · · · · · · · · · · · · · · · · ·
	Committee Treasurer	Candidate (Candidate Committees Only)	