

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:	
C253267	

1.	Statement Information					
	Date: <u>01/03/2025</u>					
	Type: New Amend	ded (if amending, enter MEC ID	& section changed			
2.	Committee Information					
	Friends and Family For Krystal Barnett					
	Name of Committee 3916 Shreve Ave kae.barnett@stlbridge2hope.org St Louis, MO 63115 (314) 585-6621					
	Committee Mailing Address, City, State, & Zi		00110	Telephone Number		
	[REDACTED] Official Committee Email Address		St. Louis City Board of Elect	oners, Federal PAC/Out of State Committee		
	Committee Type: Campa	aign Candidate Continui	ing(PAC) Debt Service	_		
3.	Treasurer/Deputy Treasurer Information					
	Brenda Nelson		[REDACTED]			
	Treasurer's Name (First & Last)	lafantaina MO C2127	Treasurer's Email Address (optional)			
	10008 Coburg Lands. Dr. Bell Treasurer's Mailing Address, City, State, & Zi		(314) 258-9494 Phone 1	Phone 2		
			[REDACTED]			
	eputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)					
	, Deputy Treasurer's Mailing Address, City, Sta	ate, & Zip	Phone 1	Phone 2		
4.	Additional Committee Inform	mation				
	Additional Committee Officer's Name & Title	e (if any)	Additional Committee Officer's Mailing A	ddress, City, State, & Zip		
	Connected Organization's Name (if any)		Connected Organization's Mailing Addres	s, City, State, & Zip		
	ANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No					
5.	official Bank Account Information (required by all committees)					
	[REDACTED]		[REDACTED]	[REDACTED]		
	Name & Mailing Address, City, State, & Zip of		Account Name	Account Number		
6.	Candidate Supported or Opposed (candidate committees must include self, if candidate)					
	Krystal Barnett 3916 Shreve Ave St Louis, MO 63115 Name & Mailing address, City, State, & Zip of Candidate		(314) 585-6621 Phone 1	Phone 2		
	04/08/2025	Boardmember/St. Louis City	Non-Partisan			
	Election Date	School District Office Sought & Political Subdivision	Political Party	Support or Oppose		
7.	Ballot Measure Supported o	r Opposed (campaign committees	must complete this section)			
	Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose		
8.		ion(s) & sign (required by all comm		одроског орроск		
ο.		gnature(s) Check certification(s) & sign (required by all committees) affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I				
		or declaration made herein is p				
	ELECTRONICALLY FILED Jan 3 2025 01:31 PM		ELECTRONICALLY FILED Jan 3 2025 01:31 PM			
	Committee Treasurer		Candidate (Candidate Committees Only)			