



Office Use: *[Handwritten Signature]*

Statement of Committee Organization

1. Statement Information

Date: 9/28/2016
 Type: New Amended (if amending, enter MEC ID C071140 & section changed 6)

2. Committee Information

Name of Committee: Friends of Michele Kratky
 Mailing Address, City, State, & Zip: 6001 Bishops Place Saint Louis, MO 63109 Telephone Number: (314) 481-0444

Official Committee Email Address: _____ 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): _____ Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: _____ Treasurer's Home Telephone Number: _____ Treasurer's Work Telephone Number: _____
 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

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) 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: _____ Telephone Number (Candidate Committees Only): (314) 481-0444
 Election Date: 03/05/2019 Office Sought & Political Subdivision: Aldersperson 16th Ward City of St Louis Political Party: Democrat 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)

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.

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