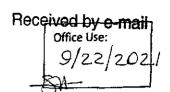


## Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

## **Statement of Committee Organization**



	1	Statement Information			
		Date: 9/15/2021			
		Type: □ New ■ Amended (if amending, enter MECID C171138 & section changed Comm. Name)			
	2.	Committee Information		, A	
		Friends of Heather Navarro			
		Name of Committée			
		Committee Mailing Address, City, State, & Zip		Telephone Number	
			,		
		Official Committee Email Address		ers, or Federal PAC/Out of State Committee	
		Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party			
	3.	Treasurer/Deputy Treasurer Information			
		CHRISTINA BENNETT			
$O_{I}$	Q.	5250 Westminster A Minis Mn 63100	RIA DIA SINOE	314,607-3510	
401	L	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
U					
		Debuty Treaturer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)		
		Deputy Treaturer's Mailing Address, City, State, & Zip	Dep, Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
	A	Additional Committee Information			
	7,				
		Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip	
		Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	īty, State, & Zip	
	5.	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on t	oack) 🗆 No	
	J.	Official Bank Account Information (required by all committees)		<u> </u>	
			<del></del>		
	6.	Name & Mailing Address, City, State, & Zip of Financial Institution  Candidate Supported or Opposed (candidate committees must in	Account Name	Account Number	
	U.	Candidate Supported of Opposed (candidate committees must in	icide seil, il cardidate)	1 )	
		Name & Mailing Address, City, State & ZIp of Candidate	Telephone Number (Candidate Committees C	Only)	
				<u></u>	
		Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
	7.	Ballot Measure Supported or Opposed (campaign committees mu	ist complete this section)	hts	
		A constitution of Belleville	Floring Date & Oallete   Cohelleting	Funnant or Oppose	
		Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
ŧ.	•	Signature(s) — Check certification(s) & sign (required by all committees)			
		If affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. If it is a statement or declaration made/herein is punishable under Ch. 575 RSMo.			
	1	Y) Coas Wall	do noting	NIMI	
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