



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

Received by e-mail
 Office Use:
 9/22/2021
 SA

1. Statement Information

Date: 9/15/2021
 Type: New Amended (if amending, enter MEC ID C171138 & section changed Comm. Name)

2. Committee Information

Friends of Heather Navarro
 Name of Committee

 Committee Mailing Address, City, State, & Zip _____ Telephone Number _____

 Official Committee Email Address _____ County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

no change

CHRISTINA BENNETT
 Treasurer's Name (First & Last)
5250 Westminister A, St. Louis MO 63108
 Treasurer's Mailing Address, City, State, & Zip

 Treasurer's Home Telephone Number (314) 368-3025 Treasurer's Work Telephone Number (314) 622-3510

 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)

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)

_____ Telephone Number (Candidate Committees Only) _____
 Name & Mailing Address, City, State & Zip of Candidate _____

 Election Date _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

_____ Election Date & Political Subdivision _____ Support or Oppose _____
 Name of Ballot Measure _____

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)