



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

C000879 Missouri Ethics Commission

Office Use:
 APR 13 2022

Statement of Committee Organization

1. Statement Information

Date: 03/26/2022
 Type: New Amended (if amending, enter MEC ID C000879 & section changed 2,3)

2. Committee Information

Name of Committee: 28th Ward Democrats Campaign Committee
 Committee Mailing Address, City, State, & Zip: 5953 Pershing Ave. St. Louis, MO 63112
 Telephone Number: (314) 808-4345

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

Treasurer's Name (First & Last): Heather Navarro
 Treasurer's Mailing Address, City, State, & Zip: 5953 Pershing Ave. St. Louis MO 63112
 Treasurer's Home Telephone Number: (314) 808-4345
 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

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)

Name & Mailing Address, City, State & Zip of Candidate: _____
 Telephone Number (Candidate Committees Only): ()
 Election Date: _____
 Office Sought & Political Subdivision: _____
 Political Party: _____
 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.

J. Angelette
 Committee Treasurer
Heather Navarro

 Candidate (Candidate Committees Only)