



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

Missouri Ethics Commission  
Office Use

MAY 25 2023

## Statement of Committee Organization

### 1. Statement Information

Date: 5/22/2023

Type: ☐ New ☒ Amended (if amending, enter MEC ID C190747 & section changed 2+3)

### 2. Committee Information

Name of Committee: Friends of Bret Narayan

Committee Mailing Address, City, State, & Zip: 6731 Wise Ave St Louis MO 63139 Telephone Number: (314) 200 5177

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): Bret Narayan

Treasurer's Email Address (optional):

Treasurer's Mailing Address, City, State, & Zip: 6731 Wise Ave St Louis MO 63139 Treasurer's Home Telephone Number: (314) 200 5177 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.

Committee Treasurer

Candidate (Candidate Committees Only)