



Missouri Ethics Commission (MEC)
 P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Missouri Ethics Commission

Office Use: MAY 22 2017
 #171378

Statement of Committee Organization

1. Statement Information

Date: 05/16/2017

Type: New Amended (if amending, enter MEC ID C171138 & section changed _____)

2. Committee Information

Heather Navarro for the 28th Ward
 Name of Committee

5953 Pershing Ave. St. Louis, MO 63112
 Committee Mailing Address, City, State, & Zip

(314) 808-4345
 Telephone Number

Official Committee Email Address _____

St. Louis City Board of Elections
 County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing(PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Randy Vines
 Treasurer's Name (First & Last)

6115 Washington Blvd., #201 Saint Louis, MO 63112
 Treasurer's Mailing Address, City, State, & Zip

(314) 761-4469
 Phone 1

Phone 2 _____

Brooke Williams
 Deputy Treasurer's Name (if one appointed)

9 Kingsbury Place Saint Louis, MO 63112
 Deputy Treasurer's Mailing Address, City, State, & Zip

(314) 367-3751
 Phone 1

Phone 2 _____

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)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Heather Navarro 5953 Pershing Ave. St. Louis, MO 63112
 Name & Mailing address, City, State, & Zip of Candidate

(314) 808-4345
 Phone 1

Phone 2 _____

07/11/2017 Aldersperson/City of St. Louis
 Election Date Office Sought & Political Subdivision

Democrat
 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.

[Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)