



Office Use: *fb* *AD*
 Missouri Ethics Commission
 JUL 24 2017

Statement of Committee Organization

1. Statement Information

Date: 7/19/2017
 Type: New Amended (if amending, enter MEC ID C171138 & section changed 6)

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
St. Louis Board of Elections
 County Clerk or Board of Election Commissioners
 Committee Email Address _____
 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, St. Louis, MO 63112
 Treasurer's Mailing Address, City, State, & Zip
Brooke Williams
 Deputy Treasurer's Name (if one appointed)
9 Kingsbury Place, St. Louis, MO 63112
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
(314) 761-4469 _____
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
(314) 367-3751 _____
 Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

~~Additional Committee Officer's Name & Title (if any)~~
AMENDMENT
 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)

5953 Pershing Ave., St. Louis, MO 63112
 Name & Mailing Address, City, State & Zip of Candidate
3/5/2019 Aldersperson/City of St. Louis
 Election Date Office Sought & Political Subdivision
(314) 808-4345 _____
 Telephone Number (Candidate Committees Only)
Democrat support
 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)