

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Friends of Alexander Js Heidenreich

ADDRESS (number and street)

530 E bland rd

☐ (Check if address is changed)

lot #22

Lebanon

CITY ▲

MO

STATE ▲

65536

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

Alexthecleanupguy@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

Www.trueindependentcandidate.org

2. DATE

M M / D D / Y Y Y Y
10 / 13 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00826933

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Heidenreich, Alexander, Js, Rev,

Signature of Treasurer

Heidenreich, Alexander, Js, Rev,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 13 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Friends of Alexander Js Heidenreich

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Heidenreich, Alexander, Js, Rev,

Mailing Address

530 E bland rd

Lot #22

Lebanon

MO

65536

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate/Treasurer

Telephone number

417

718

3819

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Heidenreich, Alexander, Js, Rev,

Mailing Address

530 E bland rd

Lot #22

Lebanon

MO

65536

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Candidate/Treasurer

Telephone number

417

718

3819

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Heritage Bank of the ozarks

Mailing Address

1475 s Jefferson Ave

Lebanon

CITY ▲

MO

STATE ▲

65536

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲