



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Office **OCT 21 2020**

HAND DELIVERED

1. Statement Information

Date: 10/21/2020Type: ☐ New ☒ Amended (if amending, enter MEC ID C190825 & section changed 2, 5)

2. Committee Information

Healthcare for Missouri

Name of Committee

3660 Flora Place St Louis, MO 63110

Committee Mailing Address, City, State, & Zip

(314) 807-4792

Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

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

3. Treasurer/Deputy Treasurer Information

Sidney Watson

Treasurer's Name (First & Last)

3660 Flora Place Saint Louis, MO 63110

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

() (314) 807-4792

Treasurer's Home Telephone Number

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)

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)

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)

Medicaid Expansion

Name of Ballot Measure

11/03/2020

Election Date & Political Subdivision

Support

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)