

A201435



## Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

## Statement of Committee Organization

MO Ethics Commission

Office Use:  
APR 30 2021

Rec'd by email

## 1. Statement Information

Date: April 30/2021

Type: ☐ New ☒ Amended (if amending, enter MEC ID A201435 & section changed 3 Treasurer)

## 2. Committee Information

Name of Committee: Committee to Elect J. Watson

Committee Mailing Address, City, State, &amp; Zip: 5195 Maple Ave

Telephone Number: (314) 367-5420

Official Committee Email Address:

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee: St. Louis City 63113

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

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First &amp; Last): John Watson Jr.

Treasurer's Mailing Address, City, State, &amp; Zip: 5123 Raymond Ave

Treasurer's Home Telephone Number: (314) 443-6753

Treasurer's Work Telephone Number: ( ) -

Deputy Treasurer's Name (If one appointed): St. Louis Mo. 63113

Deputy Treasurer's Email Address (optional):

Deputy Treasurer's Mailing Address, City, State, &amp; Zip: N/A

Dep. Treasurer's Home Telephone Number: ( ) -

Dep. Treasurer's Work Telephone Number: ( ) -

## 4. Additional Committee Information

Additional Committee Officer's Name &amp; Title (if any):

Additional Committee Officer's Mailing Address, City, State, &amp; Zip:

Connected Organization's Name (if any):

Connected Organization's Mailing Address, City, State, &amp; 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 &amp; Mailing Address, City, State, &amp; Zip of Financial Institution:

Account Name:

Account Number:

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

Name &amp; Mailing Address, City, State &amp; Zip of Candidate:

Telephone Number (Candidate Committees Only): ( ) -

Election Date:

Office Sought &amp; 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 &amp; Political Subdivision:

Support or Oppose:

## 8. Signature(s) - Check certification(s) &amp; 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): John Watson