



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

A171309
 Missouri Ethics Commission

Office Use:

APR 18 2017

JCS

Statement of Committee Organization

1. Statement Information

Date: 4/15/2017

Type: New Amended (if amending, enter MEC ID A171309 & section changed _____)

2. Committee Information

Committee to elect Christy Watz
 Name of Committee

10224 Quail Run Dr., St. Louis, MO 63128
 Committee Mailing Address, City, State, & Zip

(314) 304-5624
 Telephone Number

County Clerk or Board of Election Commissioners: unknown

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

3. Treasurer/Deputy Treasurer Information

Joseph Watz
 Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

10224 Quail Run Dr. St. Louis MO 63128
 Treasurer's Mailing Address, City, State, & Zip

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 Treasurer's Home Telephone Number

(314) 365-1914
 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

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

Christy Watz 10224 Quail Run Dr.
 Name & Mailing Address, City, State & Zip of Candidate

(314) 304-5624
 Telephone Number (Candidate Committees Only)

4/15/2017 4/7/2020
 Election Date

St. Louis MO 63128
 Office Sought & Political Subdivision

Board member / Lincoln/Beaumont schools
 Political Party

JCS per call to Treasurer
 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] 4/15/17
 Committee Treasurer

[Signature] 4/15/17
 Candidate (Candidate Committees Only)