

A 2014-35



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

Missouri Ethics Commission
Office Use:
JUN 22 2020

Statement of Committee Organization

1. Statement Information

Date: June 17, 2020
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Name of Committee: Committee to Elect J. Watson
Committee Mailing Address, City, State, & Zip: 5195 Maple Avenue Telephone Number: (314) 367-5920
Official Committee Email Address: _____ City: St. Louis City
Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Miss Cynthia McCree
Treasurer's Mailing Address, City, State, & Zip: 4306 Cook Avenue 63113 Treasurer's Home Telephone Number: (314) 583-5273 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): _____ 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: John Watson Jr 5195 Maple St. Louis Mo Telephone Number (Candidate Committees Only): (314) 443-6753
Election Date: Aug 4 2020 Office Sought & Political Subdivision: 12 ward Comm. Member Political Party: Democratic Support or Oppose: Support

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.

Committee Treasurer: _____ Candidate (Candidate Committees Only): John Watson Jr