



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

MISSOURI ETHICS COMMISSION

Office Use:

NOV 16 2016

*JH*

HAND DELIVERED

**Statement of Committee Organization**

**1. Statement Information**

Date: 11/16/16

Type:  New  Amended (if amending, enter MEC ID C161379 & section changed \_\_\_\_\_)

**2. Committee Information**

**Missouri Healthy Working Families**

Name of Committee

2725 Clifton, St. Louis, MO 63139

Committee Mailing Address, City, State, & Zip

(314) 644-0466

Telephone Number

St. Louis City Board of Elections

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, St. Louis, MO 63110

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

Treasurer's Email Address (optional)

(314) 807-4792

Home Telephone Number

( )

Treasurer's Work Telephone Number

**James Lappe**

Deputy Treasurer's Name (if one appointed)

6111 Alabama Ave, St Louis, MO 63111

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

Deputy Treasurer's Email Address (optional)

(314) 660-3447

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

( )

Telephone Number (Candidate Committees Only)

( )

Support or Oppose

Election Date

Office Sought & 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 & 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.

*Sidney Watson*  
 Committee Treasurer

Candidate (Candidate Committees Only)