

December 10, 2015  
Federal Election  
Commission  
Washington, D.C. 20463

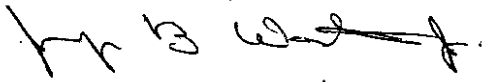
RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

Dear Sir, 15 DEC 16 PM 12:13

Enclosed, please find the following documents  
for the campaign committee of Jerry B. Watson  
for Senate, FEC identification number C00562538,  
FEC Form 1 - Statement of Organization  
FEC Form 3 - Report of Receipts and Disbursement  
Apr 15, Quarterly Report 2015  
FEC Form 3 - Report of Receipts and Disbursements  
Jul 15, Quarterly Report 2015  
FEC Form 3 - Report of Receipts and Disbursements  
Oct 15, Quarterly Report 2015

The above reports should restore the committee's  
campaign registration to a timely basis as well as  
note for the record the new address for the committee.

Please note receipt of the above documents  
to the Reports Analysis Division, attention of  
Chris Ritchie or Debbie Chacona.

Thank You  
  
Jerry B. Watson Jr  
Treasurer

Jerry B Watson for Senate  
1313 Baltic Ave Apt 214  
Atlantic City, NJ 08401

201512160200324505

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 15 DEC 16 PM 12:12 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

JERRY B WATSON FOR SENATE

ADDRESS (number and street)

1313 BALTIC AVE APT 214

(Check if address is changed)

ATLANTIC CITY

CITY

NJ

STATE

08401

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01 / 01 / 2015

3. FEC IDENTIFICATION NUMBER

C00562538

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JERRY B. WATSON JR

Signature of Treasurer

J B Watson Jr

Date

01 / 01 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

201512160200324506

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate JERRY B WATSON

Candidate Party Affiliation  REP Office Sought:  House  Senate  President State  NJ District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____

201512160200324507

Write or Type Committee Name

Jerry B Watson for Senate

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

JERRY B WATSON ASSEMBLY CANDIDATE

Mailing Address

11313 BALTIC AVENUE APT 214  
ATLANTIC CITY NJ 08401

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name JERRY B WATSON JR

Mailing Address  
11313 BALTIC AVE APT 214  
ATLANTIC CITY NJ 08401

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 908-500-4041

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer JERRY B WATSON JR

Mailing Address  
11313 BALTIC AVE APT 214  
ATLANTIC CITY NJ 08401

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 908-500-4041

201512160200324508

Jerry B Watson For Senate

Full Name of Designated Agent

Mailing Address

Form fields for name and address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

Form fields for title and phone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SANTANDER

Mailing Address

Form fields for bank name and address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

Form fields for bank name and address

CITY

STATE

ZIP CODE

201512160200324509

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United States  
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 12:00 NOON  10:30 AM Delivery Fee  
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 Insurance Fee  
 Return Receipt Fee  
 Live Animal Transportation Fee  
 Total Postage & Fees

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
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USPS PRIORITY MAIL **12-12-15**  
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
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OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

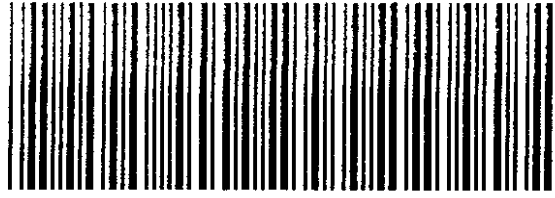
POSTMARK ILLEGIBLE  POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

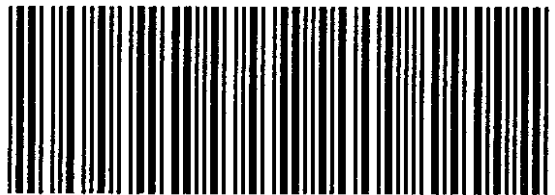
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **12-16-15**

201512160200324511



SEN PATCH



SEN PATCH

201512160200324512