



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081229

OFFICE USE ONLY

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STATEMENT DATE 04/13/2008		TYPE OF STATEMENT (CHECK ONE) ☒ NEW ☐ AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Springfield Good Government Committee					
4. COMMITTEE MAILING ADDRESS ADDRESS: 636 W. Republic Rd., D-108, Springfield, MO 65807 CITY / STATE / ZIP:				5. TELEPHONE NUMBER (417) 838-1456	
6. TREASURER'S NAME Matthew Morrow					
7. TREASURER'S MAILING ADDRESS ADDRESS: 636 W. Republic Rd., D-108, Springfield, MO 65807 CITY / STATE / ZIP:				8. TELEPHONE NUMBER HOME: 417-868-8217 WORK: 417-838-7009	
9. DEPUTY TREASURER'S NAME Jennifer McClure ☐ CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: 636 W. Republic Rd., D-108, Springfield, MO 65807 CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: 417-832-8591 WORK: 417-838-1456	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE Richard Onls 2274 E Sunshine, 65804 President				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? ☐ YES ☐ NO ☐ N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO. Liberty Bank, PO Box 1435, Springfield, MO 65814 Checking Springfield Good Government Committee per pl SW					
15. TYPE OF COMMITTEE ☐ CANDIDATE ☐ POLITICAL PARTY ☒ CONTINUING ☐ CAMPAIGN ☐ EXPLORATORY ☐ DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME HBA of Greater Springfield B. ADDRESS Springfield Good Government Committee, Inc. 636 W. Republic Rd., Springfield, MO 65807					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION CHECK ONE E. SUPPORT F. OPPOSE ☐ ☐					
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION CHECK ONE E. SUPPORT F. OPPOSE ☐ ☐					
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. MISSOURI ETHICS COMMISSION APR 28 2008 CANDIDATE'S SIGNATURE		