

OFFICE	

MEC ID #:\_

C081229

This form is to be used when amending a previous	
1. NAME OF COMMITTEE	2. DATE OF REPORT
Springfield Good Government Committee	. 05/23/2008
3. REASON FOR AMENDMENT	
Change to "No Deputy Treasurer"	
· -	
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TYPE AND DATE OF PREVIOUSLY FILED REPORT	5. MARK WHICH FORMS ARE BEING AMENDED
	COMMITTEE DISCLOSURE REPORT COVER PAGE (CD COVER)
15 DAYS AFTER CAUCUS NOMINATION	REPORT SUMMARY (CD SUMMARY)
COMMITTEE QUARTERLY REPORT	CONTRIBUTIONS AND LOANS RECEIVED (CD1)
Jan 15Apr 15Ad 15Oci 15	CONTRIBUTIONS RECEIVED-SUPPLEMENTAL (CD1 SUP)
8 DAYS BEFORE ELECTION	FUND RAISING STATEMENT (CD1A)
30 DAYS AFTER ELECTION	SUPPLEMENTAL LOAN INFORMATION (CD1B)
TERMINATION (ATTACH FORM CO-3)	EXPENDITURES AND CONTRIBUTIONS MADE (CD3)
SEMIANNUAL DEBT REPORT	EXPENDITURE MADE-SUPPLEMENTAL (CD3 SUP)
Jan 15 Jul 15	CONTRACTUAL RELATIONSHIP REPORT (CD7)
ANNUAL SUPPLEMENTAL, JAN 15	INDEPENDENT CONTRACTOR EXPENDITURE (CD8)
15 DAYS AFTER PETITION DEADLINE	DIRECT EXPENDITURE REPORT (POCD4)
OTHER Statement of Committee Formation	STATEMENT OF INVESTMENTS OTHER THAN SAVINGS ACCOUNTS (CD2)
AMENDING PREVIOUS REPORT DATED	
April 13 20 08	COMMITTEE TERMINATION STATEMENT (CO3)



## MISSOURI ETHICS COMMISSION STATEMENT OF COMMITTEE ORGANIZATION

C081229 MECID#.

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STATEMENT DATE 05/23/2008	TYPE OF STATEMENT	(CHECK ONE)  AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 5, 9, 10		
3. FULL NAME OF COMMITTEE Springfi	eld Good Government	l Committee			
COMMITTEE MAILING ADDRESS  ADDRESS: 636 W. Republic Rd., D-108, Springfield, MO 65807  CITY/STATE/ZIP:			5. TELEPHONE NUMBER (417) 838-7009		
6. TREASURER'S NAME Matthew Morro	w		•		
7. TREASURER'S MAILING ADDRESS ADDRESS: 636 W. Republic	Rd., D-108, Springfie	eld MO 65807	8. TELEPHI HOME: WORK:	ONE NUMBER (417) 868-8217 (417) 838-1456	
9. DEPUTY TREASURER'S NAME	CHECK IF NO D	EPUTY TREASURER .			
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :	AME	NDME		ONE NUMBER	
<u> </u>		c. TITLE President	13. IF CAND THIS CO	IDATE HAS OTHER COMMITTEES, IS MINITTEE DESIGNATED AS THE GATING COMMITTEE? IS NO NA	
A. NAME & ADDRESS OF BANK, SAVING & Liberty Bank, PO Box 1435, Springfield 15. TYPE OF COMMITTEE	-	N B. ACCOUNT Springfield Good Committee		C. ACCOUNT NO.	
CANDIDATE POLITICAL PAR  18. CANDIDATE SUPPORTED (CANDIDATE  A. NAME		3 CAMPAIGN	C. TELEPHON	POLITICAL	
17. CONNECTED ORGANIZATION (IF ANY) A. NAME Springfield Good Government Commit	•	B. ADDRESS		ield, MO 65807	
18. CANDIDATES SUPPORTED OR OPPOS A. NAME(S) OF CANDIDATE(S) B. E	₹"	OFFICE SOUGHT	D. POLITICAL SU	CHECK ONE BDIVISION E. SUPPORT F. OPPOSE	
19. BALLOT MEASURE(S) SUPPORTED OR A. NAME(S) OF MEASURE(S)	OPPOSED [B. ELECTION D	ATE C. SUBJECT	AND POLITICAL S	CHECK ONE UBDIVISION   E. SUPPORT F. OPPOSE	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS CON ACCURATE. INLEASURER'S SIGNATURE		I CERTIFY THAT THACCURATE.		DATE COMMITTEES ONLY) S COMPLETE, TRUE AND MISSOURI ETHICS COMMISSION JUN 0 2 2008	
MO 300-1308 (10-08)				CO-1 2	