



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # C081408

OFFICE USE ONLY
[Handwritten initials]

STATEMENT DATE 8/6/09		1. TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 2. 1 & 18B	
3. FULL NAME OF COMMITTEE O'Neal For Mayor					
4. COMMITTEE MAILING ADDRESS ADDRESS: 2910 E. Wildwood Road CITY/STATE/ZIP: Springfield, MO. 65804				5. TELEPHONE NUMBER 417-881-1843	
6. TREASURER'S NAME Steve Sneed					
7. TREASURER'S MAILING ADDRESS ADDRESS: 901 St. Louis St. CITY/STATE/ZIP: Springfield, MO. 65806				8. TELEPHONE NUMBER HOME: 417-861-2288 WORK: 417-866-2300	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY/STATE/ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
AMENDMENT					
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME			B. ADDRESS		
			C. TITLE		
13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)					
A. NAME & ADDRESS OF BANK, SAVINGS & LOAN, OR CREDIT UNION Metropolitan National Bank 600 S. Glenstone Springfield, MO 65802		B. ACCOUNT NAME James E. O'Neal Jim O'Neal for Mayor		C. ACCOUNT NO.	
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME James E. Jim O'Neal		B. ADDRESS 2910 E. Wildwood Rd. Springfield, Mo.		C. TELEPHONE NO. 417-881-1843	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)					
A. NAME			B. ADDRESS		
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) James E. "Jim" O'Neal		B. ELECTION DATE 4/2011	C. OFFICE SOUGHT Mayor, Springfield, MO	D. POLITICAL SUBDIVISION Springfield, MO	CHECK ONE E. SUPPORT <input checked="" type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION		CHECK ONE D. SUPPORT <input type="checkbox"/> E. OPPOSE <input type="checkbox"/>
20. TREASURER'S STATEMENT (ALL COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S STATEMENT (CANDIDATE & EXPLORATORY COMMITTEES) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		