



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

Office Use:

Statement of Committee Organization

1. Statement Information

Date: 10/31/13
 Type: New Amended (if amending, enter MEC ID C131157 & section changed)

2. Committee Information

Joplin Progress Committee
 Name of Committee
c/o Clifford Wert P.O. Box 265 Webb City, MO 64870
Committee Mailing Address, City, State, & Zip
(417) 439-0385
Telephone Number
Jasper
County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Clifford E. Wert
 Treasurer's Name (First & Last)
P.O. Box 265
Treasurer's Mailing Address, City, State, & Zip
Jerrod Hogan
Deputy Treasurer's Name (if one appointed)
811 E. 3rd St. Joplin, MO 64801
Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional)
(417) 673-2924
Treasurer's Home Telephone Number
(417) 439-0385
Treasurer's Work Telephone Number
 Deputy Treasurer's Email Address (optional)
() none
Dep. Treasurer's Home Telephone Number
(417) 540-1733
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Brad Beecher, Director
 Additional Committee Officer's Name & Title (if any)
None
Connected Organization's Name (if any)
602 Joplin St. Joplin, MO 64801
 Additional Committee Officer's Mailing Address, City, State, & Zip
None
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)

Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Not yet determined
 Name & Mailing Address, City, State & Zip of Candidate _____ Telephone Number (Candidate Committees Only) _____
 Election Date _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

N/A
 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.

Committee Treasurer

Candidate (Candidate Committees Only)