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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12PB4MS

NEWBERRY FOR CONGRESS

ADDRESS (number and street) 2134 EAST PRIMROSE  
(Check if address is changed) SUITE E  
SPRINGFIELD MO 65804

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@newberry-law.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.newberryforcongress.com

COMMITTEE'S FAX NUMBER

417-441-1213

2. DATE 04 19 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)  NEW (N)

(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 R MARK WATERS

Signature of Treasurer R Mark Waters Date 04 19 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE (Check One)

- (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 WILM NEWBERY

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State MO District 07

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

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

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

(e)  This committee is a separate segregated fund.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

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 KIMBERLY ANN NEMBERTH

Mailing Address 2139 EAST PRIMROSE  
SUITE E  
SPRINGFIELD MO 65804

Title or Position  CITY  STATE  ZIP CODE

SECRETARY Telephone number 417-447-1212

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 R. MARK MORRIS

Mailing Address 1200 EAST WOODHURST DRIVE  
SPRINGFIELD MO 65804

Title or Position  CITY  STATE  ZIP CODE

TREASURER Telephone number 417-882-2650

Full Name of Designated Agent

Mailing Address

Title or Position  CITY  STATE  ZIP CODE

Telephone number



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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