

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

Office 440 2 6 2018

## **Statement of Committee Organization**

1.	Statement Information		
	Date: 11/19/2018		
	Type: ☐ New ☐ Amended (if amending, enter MEC ID CO81	229 & section	changed Assistant Treasurer, Committee Email
2.	Committee Information	* .	
	Springfield Good Government Committee		
	Name of Committee		
	202 S. John Q Hammons PKWY Springfield, MC	0 65806-2530	()
	Committee Mailing Address, City, State, & Zip		Telephone Norman
	California de Ca	greenecounty	
		·	
	Committee Type:   Campaign   Candidate   Continuing (PAC)   Debt Service   Exploratory   Political Party		
3.	Treasurer/Deputy Treasurer Information		·
	Kevin Ausburn		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	PO BOX 4306 Springfield MO, 65808	(417)8639967	<u>(417)</u> 8312685
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (opti	onal)
		( )	( - )
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Num	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing	Address, City, State, & Zip
	Amandmant		
	Connected Organization's Nemo (it's any)	Connected Organization's Mailing Addr	ess, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	□ Vos /refer to instructions	on back) 🔲 No
5.	Official Bank Account Information (required by all committees)	Tes freier to instructions	off back) = NO
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6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)	•
		()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Commit	tees Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7			
/.	Ballot Measure Supported or Opposed (campaign committees me	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
	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 d		
	Kui Drien		
	Committee Treasurer	Candidate (Candidate Committees Only	3
	Committee (Tegatie)	candidate (candidate Committees Only	,

MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted.