

MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # CO61722

OFFICE USE ONLY
[Handwritten initials]

1. FILING DATE 10/26/2007	2. TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	3. IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 4, 18
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4. FULL NAME OF COMMITTEE: FRIENDS OF ERIC BURLISON

6. COMMITTEE MAILING ADDRESS ADDRESS: 3204 S ANABRANCH BLVD CITY / STATE / ZIP: SPRINGFIELD/MO/65807	5. TELEPHONE NUMBER (417) 832-9552
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7. TREASURER'S NAME: MATTHEW J SOLIDUM

7. TREASURER'S MAILING ADDRESS ADDRESS: 1738 EAST SUNSHINE SUITE 913 CITY / STATE / ZIP: SPRINGFIELD/MO/65804	8. TELEPHONE NUMBER HOME: (417) 894-3829 WORK: (417) 887-0585
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9. DEPUTY TREASURER'S NAME: CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: _____ CITY / STATE / ZIP: _____	11. TELEPHONE NUMBER HOME: _____ WORK: _____
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12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME _____ B. ADDRESS _____	13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
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14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S)

A. NAME & ADDRESS OF BANK, SAYING & LOAN, OR CREDIT UNION BANK OF AMERICA 2040 SOUTH GLENSTONE SPRINGFIELD, MO 65804	B. ACCOUNT NAME FRIENDS OF ERIC BURLISON	C. ACCOUNT NO.
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15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY CONTINUING CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)			
A. NAME ERIC BURLISON	B. ADDRESS 3204 S ANABRANCH BLVD, SPFD MO	C. TELEPHONE NO. (417) 832-9552	D. POLITICAL PARTY REPUBLICAN

17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY)	
A. NAME _____	B. ADDRESS _____

18. CANDIDATES SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF CANDIDATE(S) ERIC BURLISON	B. ELECTION DATE 11/4/2008	C. OFFICE SOUGHT STATE REPRESENTATIVE	D. POLITICAL SUBDIVISION 138 HOUSE DISTRICT	E. SUPPORT <input checked="" type="checkbox"/>	F. OPPOSE <input type="checkbox"/>

19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED				CHECK ONE	
A. NAME(S) OF MEASURE(S)	B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. SUPPORT <input type="checkbox"/>	F. OPPOSE <input type="checkbox"/>	

20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>[Signature]</i> TREASURER'S SIGNATURE	21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>[Signature]</i> CANDIDATE'S SIGNATURE
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MISSOURI ETHICS COMMISSION
JAN 22 2008