



**MISSOURI ETHICS COMMISSION  
STATEMENT OF COMMITTEE ORGANIZATION**

MEC ID # CO61722

OFFICE USE ONLY  
*[Handwritten initials]*

STATEMENT DATE 10/22/2008		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 6,7,8	
3. FULL NAME OF COMMITTEE FRIENDS OF ERIC BURLISON					
4. COMMITTEE MAILING ADDRESS ADDRESS: 3204 S ANABRANCH BLVD CITY / STATE / ZIP: SPRINGFIELD/MO/65807				5. TELEPHONE NUMBER (417) 832-9552	
6. TREASURER'S NAME KYLE HESEMANN					
7. TREASURER'S MAILING ADDRESS ADDRESS: 3668 W KAY POINTE BLVD CITY / STATE / ZIP: SPRINGFIELD/MO/65802				8. TELEPHONE NUMBER HOME: (417) 872-8347 WORK: (417) 865-8701	
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: _____	
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 checked="" type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION BANK OF AMERICA 2940 SOUTH GLENSTONE SPRINGFIELD, MO 65804 B. ACCOUNT NAME FRIENDS OF ERIC BURLISON 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 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 A. NAME(S) OF CANDIDATE(S) ERIC BURLISON B. ELECTION DATE 11/4/2008 C. OFFICE SOUGHT STATE REPRESENTATIVE D. POLITICAL SUBDIVISION 136 HOUSE DISTRICT 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 _____ 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	

MISSOURI ETHICS COMMISSION  
OCT 27 2008