



**MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION**

OFFICE USE ONLY

MEC ID# C0000776

STATEMENT DATE	TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED	IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)
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3. FULL NAME OF COMMITTEE Freedom Incorporated

4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :	5. TELEPHONE NUMBER
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6. TREASURER'S NAME

7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :	8. TELEPHONE NUMBER HOME: WORK:
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9. DEPUTY TREASURER'S NAME BURNETTA L. BURTIN CHECK IF NO DEPUTY TREASURER

10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :	11. TELEPHONE NUMBER HOME: <u>(816) 924-1707</u> WORK: <u>(816) 923-2111</u>
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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 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, SAVING & LOAN, OR CREDIT UNION
B. ACCOUNT NAME
C. ACCOUNT NO.

AMENDMENT

15. TYPE OF COMMITTEE
 CANDIDATE POLITICAL PARTY POLITICAL ACTION (PAC) CAMPAIGN EXPLORATORY DEBT SERVICE

16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME B. ADDRESS C. TELEPHONE NO. D. POLITICAL PARTY
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17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS

18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) B. ELECTION DATE C. OFFICE SOUGHT D. POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
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19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) B. ELECTION DATE C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
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20. COMMITTEE TREASURER'S SIGNATURE

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Missouri Ethics Commission
MAY 12 2011

Carol Evans
TREASURER'S SIGNATURE

21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Burnetta L. Burtin
CANDIDATE'S SIGNATURE