

Missouri Ethics Commission (MEC)

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

Office Use:	D9_
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Statement of Committee Organization

1	Statement Information		
_	Date: 12/19/2012		
	Type: New Amended (if amending, enter MEC ID CO6	81722 & section c	hanged 6
2.		d section e	nungea
	FRIENDS OF ERIC BURLISON		
	Name of Committee	40 65907	417 961 0150
	3204 S ANABRANCH BLVD SPRINGFIELD, N	10 63607	(417) 861-9150
		RICHARD STRUCK	HOFF, GREENE CO
	Official Committee Email Address	County Clerk or Board of Election Commiss	
	Committee Type: Campaign 🗸 Candidate Continuing	(PAC) Debt Service Exp	Political Party
3.	Treasurer/Deputy Treasurer Information		
	KYLE HESEMANN		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	447 005 0704
	3668 W KAY POINTE BLVD Treasurer's Mailing Address, City, State, & Zip	(417) 872-8347	(417) 865-8701 Treasurer's Work Telephone Number
	SPRINGFIELD MO 65802	Treasurer's notifie relephone realitiber	Treasurer's Work releptione Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional	1)
		()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Add	ressacity State & Zip
		HANGE WILL	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address,	Číty, listatenski Zlip 🐧 🖟
	CANDIDATES: Do you have more than one candidate committee	? Yes (refer to instructions on	back) 🖊 No
5.	Official Bank Account Information (required by all committees)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	ERIC BURLISON	(417 ₎ 861-9150	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	
	AUGUST 5, 2014 STATE REP 133 Election Date Office Sought & Political Subdivision	REPUBLICAN	SUPPORT Support or Oppose
		Political Party	зиррогт от Орроsе
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
	Name of Bailot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
	I affirm and attest under penalty of perjury that information an	nd facts in this report are compl	ete, true, and accurate.
	further acknowledge that I am aware that any false statement or		
	The Motor 121 al	5.12. 1	12/21/20n
	Committee Transport	Candidate (Candidate Committees Only)	12/2/

MO 300-1308 Packet (Rev. 11/2012)