



Office Use: *BB*

Statement of Committee Organization

1. Statement Information

Date: 11/10/2014
 Type: New Amended (if amending, enter MEC ID C061722 & section changed 3 and 6)

2. Committee Information

Name of Committee: Friends of Eric Burlison
 Committee Mailing Address, City, State, & Zip: 3204 S. Anabranch Blvd. Telephone Number: _____
 Official Committee Email Address: _____ County Clerk or Board of Election Commissioners: _____
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Kyle Hesemann Treasurer's Email Address (optional): _____
 Treasurer's Mailing Address, City, State, & Zip: 8664 FARM ROAD 84 WILLARD, MO 65781 Treasurer's Home Telephone Number: _____ Treasurer's Work Telephone Number: _____
 Deputy Treasurer's Name (if one appointed): _____ Deputy Treasurer's Email Address (optional): _____
 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): AMENDMENT Additional Committee Officer's Mailing Address, City, State, & Zip: _____
 Connected Organization's Name (if any): _____ Connected Organization's Mailing Address, City, State, & Zip: _____
 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)

Name & Mailing Address, City, State & Zip of Candidate: _____ Telephone Number (Candidate Committees Only): _____
 Election Date: AUGUST 2018 Office Sought & Political Subdivision: MO STATE SENATE Political Party: REPUBLICAN Support or Oppose: SUPPORT

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure: _____ Election Date & Political Subdivision: _____ Support or Oppose: _____

8. Signature(s) Check certification(s) & sign (required by all committees)

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 declaration made herein is punishable under Ch. 575 RSMo.
 Committee Treasurer: *[Signature]* 11/13/14 Candidate (Candidate Committees Only): *[Signature]*