

Missouri Ethics Commission (MEC)

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



Statement of Committee Organization

1	Statement Information		
	Date: 05/25/2017		
	Type: New Amended (if amending, enter MEC ID C061722 & section changed 2 & 3 & 6		
2.	FRIENDS OF ERIC BURLISON		
	Name of Committee 4879 S. TANAGER AVE. Committee Mailing Address, City, State, & Zip		(417) 861-9150
	BATTLEFIELD, MO 65619 Official Committee Email Address	SHANE SCHOELLE	
	Committee Type: ☐ Campaign 🕒 🗀 🗀 Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party		
3.	Treasurer/Deputy Treasurer Information		
	CLINT CAFFEY Treasurer's Name (First & Last) 119 N. BESSIE DR., OZARK, MO 65721 Treasurer's Mailing Address, City, State, & Zip MICHAEL CLUTTER	Treasurer's Email Address (optional) () Treasurer's Home Telephone Number	(417)889-9191 Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed) 2120 S. ROANOKE AVE., SPRINGFIELD MO 65807 Deputy Treasurer's Mailing Address, City, State, & Zip	Deputy Treasurer's Email Address (optional) () Dep. Treasurer's Home Telephone Number	(417) 882-7000 Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		·
	Actinophy Connected Organization's Name (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip 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	** *	
	ERIC BURLISON 4879 S. TANAGER AVE. BATTLEFIELD, MO 65619 Name & Mailing Address, City, State & Zip of Candidate	(417) 861-9150 Telephone Number (Candidate Committees	Only)
	08/7/2018 MO SENATE	REPUBLICAN	SUPPORT
	Election Date Office Sought & Political Subdivision Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	ignature(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	Candidate (Candidate Committees Only)	