

## Missouri Ethics Commission (MEC)

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

## Office Use: Missouri Ethics Commission

DEC 0 6 2018

## **Statement of Committee Organization**

| 1.  | Statement Information  | i   |  |
|---|--|---|--|
|   | Date: 11/30/2018   |   |  |
|   | Type: New Amended (if amending, enter MEC ID C061722 & section changed 6 Ele   |   | nged 6 Election  |
| 2.  | Committee Information  |   |  |
|   | Friends of Eric Burlison   |   | <del></del>  |
|   | Name of Committee  |   |  |
|   | Committee Mailing Address, City, State, & Zip  |   | Telephone Number   |
|   |  |   |  |
|   | Official Committee Email Address   | County Clerk or Board of Election Commission        |  |
| Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory P  |  |   | pratory Political Party  |
| 3.  | Treasurer/Deputy Treasurer Information   |   |  |
|   | Treasurer's Name (First & Last)  | Treasurer's Email Address (optional)                |  |
|   | ,  | 1   | 1 )  |
|   | Treasurer's Mailing Address, City, State, & Zip  | Treasurer's Home Telephone Number                   | Treasurer's Work Telephone Number  |
|   | Day of Transport Allers (If an arrival)  | Davids Transport of Free (I Address ( - maiss - 1)) |  |
|   | Deputy Treasurer's Name (if one appointed)   | Deputy Treasurer's Email Address (optional)         | <i>t</i> \   |
|   | 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 Addr         |  |
|   |  | Amend   | ment   |
|   | Connected Organization's Name (if any)   | Connected Organization's Maining Address, C         |  |
| _   | CANDIDATES: Do you have more than one candidate committee?  Official Bank Account Information (required by all committees) | 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   |  |   | Account Number   |
| 6.  | Candidate Supported or Opposed (candidate committees must  | morade sen, ir camordate)                           | ermana ya salamininya ya mwa muza na piya kiyaka ya kata ya kata wa malamini wa kata wa kata wa kata wa kata w |
|   | Name & Mailing Address, City, State & Zip of Candidate   | Telephone Number (Candidate Committees              | Only)  |
|   | August Primary 2022 State Senate Dist 20   |   |  |
|   | Election Date Office Sought & Political Subdivision  | Political Party                                     | Support or Oppose  |
| 7.  | Ballot Measure Supported or Opposed (campaign committees n   | nust complete this section)                         |  |
|   |  |   | <del>, , , , , , , , , , , , , , , , , , , </del>  |
|   | Name of Ballot Measure   | Election Date & Political Subdivision               | Support or Oppose  |
| 8.  | Signature(s) Check certification(s) & sign (required by all comm   |   |  |
| I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and activities asked whether that the appropriate statement or declaration made herein is punishable under the further asked whether the propriate and the statement of declaration made herein is punishable under the further asked whether the propriate and the statement of declaration made herein is punishable under the statement of the st |  |   |  |
|   | urther acknowledde that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.   |   | ishable under Ch. 975 RSIVIO.  |
|   | Compliant Toland   |   | South  |
|   | Committee Treasurer  | Candidate (Candidate Committees Only)               |  |