



Office Use:

# Statement of Committee Organization

## 1. Statement Information

Date: 03/12/2015

Type:  New  Amended (if amending, enter MEC ID C151071 & section changed \_\_\_\_\_)

## 2. Committee Information

Citizens for Burlison

Name of Committee

P. O. Box 68, Wardell, MO 63879

Committee Mailing Address, City, State, & Zip

(573) 794-2471

Telephone Number

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

Michal Sue Prosser-Burlison

Treasurer's Name (First & Last)

P. O. Box 68, Wardell, MO 63879

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

(573) 794-2471

Treasurer's Home Telephone Number

( )

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

( )

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 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)

First Commercial Bank

## 6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Bill D. Burlison

Name & Mailing Address, City, State & Zip of Candidate

(573) 794-2471

Telephone Number (Candidate Committees Only)

August 2, 2016

Election Date

MO 25th Senate District

Office Sought & Political Subdivision

Democrat

Political Party

Support

Support or Oppose

## 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.

Michal Sue Prosser-Burlison

Committee Treasurer

Bill D. Burlison

Candidate (Candidate Committees-Only)