

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BURNS + McDONNELL, INC. POLITICAL ACTION COMMITTEE
BURNS + McDONNELL PAC

ADDRESS (number and street)

9400 WARD PARKWAY

(Check if address is changed)

KANSAS CITY

MO

64114

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dscoitt@burnsmcd.com

jschorg@burnsmcd.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

816-822-3004

2. DATE

MM DD

01 02

YYYY

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DENNIS W. SCOTT

Signature of Treasurer

Dennis W. Scott

Date

MM DD

01 02

YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

BUDINIS + MCDONNELL, INC.

Mailing Address 9400 WARD PARKWAY

KANSAS CITY MO 64114

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name:

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name JAMES SCHORGL

Mailing Address 9400 WARD PARKWAY

KANSAS CITY MO 64114

Title of Position CITY STATE ZIP CODE

CUSTODIAN OF RECORDS Telephone number 816-333-9400

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DENNIS SCOTT

Mailing Address 9400 WARD PARKWAY

KANSAS CITY MO 64114

Title of Position CITY STATE ZIP CODE

TREASURER Telephone number 816-333-9400

Full Name of Designated Agent JAMES SCHORGL

Mailing Address 9400 WARD PARKWAY

KANSAS CITY MO 64114

Title of Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 816-333-9400

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BURNS + MCDONNELL CREDIT UNION

Mailing Address

9400 WARD PARKWAY

KANSAS CITY MO 64114

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

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Overnight Delivery Service (Specify): *FedExp* Shipping Date
1/2/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm Id
 PREPARER

1/3/08
 DATE PREPARED

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