

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2014 MAY 19 AM 6:10  
FEC MAIL CENTER  
Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Michael Burris For Congress

ADDRESS (number and street) P.O. Box 8411

(Check if address is changed)

Kansas City

MO

64114

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

mspilker@smncpas.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.michaelburrisforcongress.com

2. DATE

05 / 12 / 2014

3. FEC IDENTIFICATION NUMBER

C00516716

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 Michele R Spilker CPA

Signature of Treasurer

*Michele R Spilker CPA*

Date

05 / 12 / 2014

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  
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Only

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

FEC FORM 1  
(Revised 02/2009)

14031240292

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 Michael Burris

Candidate Party Affiliation REP Office Sought:  House  Senate  President State MO District 05

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

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a        (National, State or subordinate) committee of the        (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

14031240293

Write or Type Committee Name

Michael Burriss For Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Shelby Burriss

Mailing Address

307 E 125th Place

Kansas City

MO

64145

Title or Position

CITY

STATE

ZIP CODE

Secretary

Telephone number

816

365

8653

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

Michele R Spilker, CPA

Mailing Address

408 SE 3rd Street

Lee's Summit

MO

64063

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

816

875

1189

14031240294

Full Name of Designated Agent

Leigh Ann Nelson, CPA

Mailing Address

408 SE 3rd Street

Lee's Summit

MO

64063

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

816

875

1189

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.

Great Southern Bank

Mailing Address

300 SW Ward Road

Lees Summit

MO

64081

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

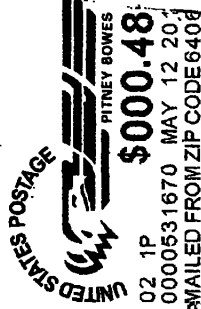
ZIP CODE

14031240295

14031240296

Michael Burris for Congress  
PO Box 8411  
Kansas City, MO 64114

KANSAS CITY  
NO 840  
12 MAY '14  
PM 11

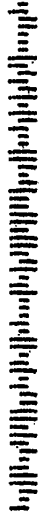


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14 MAY 19 AM 8:10  
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Federal Election Commission  
Washington, D.C. 20463



20463

Federal Election Commission  
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Overnight Delivery Service (Specify): Shipping Date  
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

 5/19/14  
 PREPARER DATE PREPARED  
 (8/2013)

14031240297