FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ERIC BURLISON FOR CONGRESS

ADDRESS (number and street) 2135 E. INDEPENDENCE AVE.

☐ ◄ (Check if address is changed) #1007

SPRINGFIELD (CITY ▲) MO (STATE ▲) 65804 – (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS

☐ ◄ (Check if address is changed) COMPLIANCE@HENRYALAN.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◄ (Check if address is changed)

2. DATE 09 / 01 / 2021

3. FEC IDENTIFICATION NUMBER ▶ C C00788414

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 PHILLIPS, ROBERT, , , III

Signature of Treasurer *PHILLIPS, ROBERT, , , III* ***[Electronically Filed]*** Date 09 / 01 / 2021

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

5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] 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: BURLISON, ERIC, , ,

Candidate Party Affiliation: REP

Office Sought: [X] House [ ] Senate [ ] President

State: MO

District: 07

(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 C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

Write or Type Committee Name

ERIC BURLISON 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: PHILLIPS, ROBERT, , , III

Mailing Address: 2135 E. INDEPENDENCE AVE.

#1007

SPRINGFIELD MO 65804

CITY STATE ZIP CODE

Title or Position: CUSTODIAN OF RECORDS

Telephone number: 202 – 866 – 8229

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: PHILLIPS, ROBERT, , , III

Mailing Address: 2135 E. INDEPENDENCE AVE

#1007

SPRINGFIELD MO 65804

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 202 – 866 – 8229

Full Name of Designated Agent: WADSWORTH, HALEY, , ,

Mailing Address: 2135 E. INDEPENDENCE AVE.
#1007
SPRINGFIELD | MO | 65804
CITY | STATE | ZIP CODE

Title or Position: DEPUTY TREASURER

Telephone number

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.

HUNTINGTON NATIONAL BANK

Mailing Address: 6340 FRANTZ RD
DUBLIN | OH | 43017
CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY | STATE | ZIP CODE