FEC FORM 2

STATEMENT OF CANDIDACY

_	(=) None of Opendidate (in full)										
١.	(a) Name of Candidate (in full)										
	BURLISON, ERIC, , ,		N 1 12 1 1			100 1111	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	(b) Address (number and street) 2135 E. INDEPENDENCE AVE #1007	☐ Check if address changed			Candidate's FEC Identification Number H2MO07143						
	(c) City, State, and ZIP Code					3. Is This	New		Amended		
	SPRINGFIELD		MC	6580	4	Statement	(N) OR	×	(A)		
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candidate					
	REPUBLICAN PARTY	House			MO	07					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following nar	med political co	ommittee as n	ny Principal (Campaign Comr		4 election)	ction(s).			
	NOTE: This designation should be to	filed with the ap	opropriate offi	ce listed in tl	ne instructions.						
	(a) Name of Committee (in full) ERIC BURLISON F	OR CON	GRESS								
	(b) Address (number and street)	/E									
	2135 E. INDEPENDENCE AV #1007	, E.									
	(c) City, State, and ZIP Code										
	SPRINGFIELD				МО	65804					
	DE	CIONATIO	N OF OT	LIED ALL	FUODIZED	001414177550					
	DE				I HORIZED g Representativ	COMMITTEES es)					
8.	I hereby authorize the following nan	ned committee	, which is NO	T my princip	al campaign cor	nmittee, to receive an	nd expend fund	ds on beha	alf of my		
	candidacy.										
	NOTE: This designation should be f	filed with the pr	incipal campa	aign committe	ee.						
	(a) Name of Committee (in full)	//CTODY	FUND								
	CRUZ 25 FOR 22 V	/ICTORY	FUND								
	(b) Address (number and street) P.O. BOX 341027										
	(c) City, State, and ZIP Code										
	AUSTIN				TX	78734					
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, co	rrect and com	plete.			
Si	gnature of Candidate					Date					
	URLISON, ERIC, , ,										
D	UKLISON, EKIC, , ,			[Elect	ronically Filed]	11/17/2022					
NC	OTE: Submission of false, erroneous	, or incomplete	information r	nay subject t	he person signir	ng this Statement to p	penalties of 2 l	J.S.C. §43	7g.		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Representatives)								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my								
	candidacy. NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	ERIC BURLISON VICTORY FUND								
	(b) Address (number and street) 555 METRO PL N STE 525								
	(c) City, State, and ZIP Code								
	DUBLIN OH 43017								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								