



Office Use: BB [Signature]

Statement of Committee Organization

1. Statement Information

Date: January 9, 2012
 Type: New Amended (if amending, enter MEC ID C121023 & section changed _____)

2. Committee Information

Name of Committee: Friends of Elijah Haahr
 Committee Mailing Address, City, State, & Zip: P.O. Box 14506, Springfield, MO 65814 Telephone Number: (417) 693-2138
 Official Committee Email Address: _____
 County Clerk or Board of Election Commissioners: Richard Struckhoff
 Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): Amanda Haahr
 Treasurer's Mailing Address, City, State, & Zip: P.O. Box 14506, Springfield, MO 65814
 Treasurer's Email Address (optional): _____
 Treasurer's Home Telephone Number: (417) 987-6553 Treasurer's Work Telephone Number: (417) 472-2404
 Deputy Treasurer's Name (if one appointed): _____
 Deputy Treasurer's Mailing Address, City, State, & Zip: _____
 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)

Name & Mailing Address, City, State, & Zip of Financial Institution: _____ Account Name: _____ Account Number: _____

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

Name & Mailing Address, City, State & Zip of Candidate: Elijah Haahr, P.O. Box 14506, Springfield, MO 65814 Telephone Number (Candidate Committees Only): (417) 693-2138
 Election Date: August 7, 2012 Office Sought & Political Subdivision: 134th district state representative Political Party: Republican Support or Oppose: Support

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/We certify that this statement is complete, true and accurate.
 e-Filers: This committee is required by law to file with the MEC and will file all future campaign finance reports using the MEC's electronic filing system.

[Signature]
 Committee Treasurer

[Signature]
 Candidate (Candidate Committees Only)

Missouri Ethics Commission
JAN 17 2012