



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BB

Statement of Committee Organization

1. Statement Information

Date: 3-1-12
 Type: New Amended (if amending, enter MEC ID CO91272 & section changed 3)

2. Committee Information

Name of Committee: Friends of Lincoln High
 Committee Mailing Address, City, State, & Zip: P.O. Box 121, Springfield, MO, 65801
 Telephone Number: (417) 848.7902

Official Committee Email Address _____ County Clerk or Board of Election Commissioners _____

Committee Type: Campaign Candidate Debt Service Exploratory Political Action (PAC) Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last): J HOWARD ELK
 Treasurer's Mailing Address, City, State, & Zip: POST OFFICE BOX 10405 Springfield MO 65808
 Treasurer's Email Address (optional) _____
 Treasurer's Home Telephone Number: (417) 8627900
 Treasurer's Work Telephone Number _____

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): **AMENDMENT**
 Connected Organization's Name (if any) _____
 Additional Committee Officer's Mailing Address, City, State, & Zip _____
 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 _____ Telephone Number (Candidate Committees Only) _____
 Election Date _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

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-File: 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.
 MISSOURI ETHICS COMMISSION
 Committee Treasurer: [Signature]
 Candidate (Candidate Committees Only): [Signature]
 MAR 07 2012