



# Statement of Committee Organization

## 1. Statement Information

X Date: 3/14/13  
 Type:  New  Amended (if amending, enter MEC ID C121023 & section changed 6)

## 2. Committee Information

X Friends of Elijan Haahr  
 Name of Committee

Committee Mailing Address, City, State, & Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Official Committee Email Address \_\_\_\_\_ County Clerk or Board of Election Commissioners \_\_\_\_\_

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

## 3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last) \_\_\_\_\_ Treasurer's Email Address (optional) \_\_\_\_\_  
 Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ Treasurer's Home Telephone Number \_\_\_\_\_ Treasurer's Work Telephone Number \_\_\_\_\_

Deputy Treasurer's Name (if one appointed) \_\_\_\_\_ Deputy Treasurer's Email Address (optional) \_\_\_\_\_  
 Deputy Treasurer's Mailing Address, City, State, & Zip \_\_\_\_\_ 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 \_\_\_\_\_

**AMENDMENT**

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)

X Name & Mailing Address, City, State, & Zip of Candidate \_\_\_\_\_ Telephone Number (Candidate Committees Only) \_\_\_\_\_  
Nov 4, 2014 134 Rep Republican  
 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 affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

X Travel Grant MISSOURI ETHICS COMMISSION X \_\_\_\_\_  
 Committee Treasurer Candidate (Candidate Committees Only)

MAR 14 2013

HAND DELIVERED