



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

Office Use: *BB J*

# Statement of Committee Organization

## 1. Statement Information

Date: 1/12/2014

Type:  New  Amended (if amending, enter MEC ID C121023 & section changed 6)

## 2. Committee Information

Friends of Elijah Haahr

MISSOURI ETHICS COMMISSION

Name of Committee

PO Box 14506, Springfield, MO 65814

Committee Mailing Address, City, State, & Zip

( ) JAN 23 2015  
Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

HAND DELIVERED

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

**AMENDMENT**

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

( )  
Telephone Number (Candidate Committees Only)

August 2, 2016

State Representative 134th district

Republican

Support

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.

*Trevor Covert*

Committee Treasurer

*[Signature]*

Candidate (Candidate Committees Only)