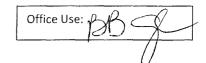


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information	>	
	Date: 1/12/2014 Type: New Amended (if amending, enter MECID C12	21023 & section c	hanged 6
2.	Estreel Consell	a section c	mangeu)
	Friends of Elijah Haahr		MISSOURI ETHICS COMMISSIO
	PO Box 14506, Springfield, MO 65814		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Committee Mailing Address, City, State, & Zip		Telephone Number 2 3 2015
	Official Committee Email Address	County Clerk or Board of Election Commiss	sioners HAND DELIVERED
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exp	
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	(
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	1)
		()	()
	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 Company of the Name & Fith (if day)	Additional Committee Officer's Mailing Add	dress, 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		
		()	()
	Name & Mailing Address, City, State & Zip of Candidate August 2, 2016 State Representative 134th district	Telephone Number (Candidate Committees Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	·
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
	Signature(s) Check certification(s) & sign (required by all comn		
	If affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. In Irther acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	Tree Carlot	109	
	Committee Treasurer	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014)