

MAY 16 2017

MISSOURI ETHICS COMMISSION



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

MAY 09 2017
Office Use: [Signature]
HAND DELIVERED

Statement of Committee Organization

1. Statement Information

Date: 5/2/2017
Type: [ ] New [x] Amended (If amending, enter MEC ID C121023 & section changed 6)

2. Committee Information

FRIENDS OF ELIJAH HAAHR
Name of Committee
PO BOX 14506, SPRINGFIELD, MO 65814 (417) 693-2138
Telephone Number
SHANE SCHOELLER Greene City
County Clerk or Board of Election Commissioners
Committee Type: [x] Campaign [ ] Candidate [ ] Continuing (PAC) [ ] Debt Service [ ] Exploratory [ ] Political Party

3. Treasurer/Deputy Treasurer Information

TREVOR CRIST
Treasurer's Name (First & Last)
2953 W CANTEBURY, SPRINGFIELD, MO 65810
Treasurer's Mailing Address, City, State, & Zip
JEFF SCHMITT
Deputy Treasurer's Name (if one appointed)
1609 S ENTERPRISE, SPRINGFIELD, MO 65804
Deputy Treasurer's Mailing Address, City, State, & Zip
(417) 890-1275 (417) 881-6623
Treasurer's Home Telephone Number Treasurer's Work Telephone Number
(417) 379-5005 (417) 881-6919
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) [x] 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)

ELIJAH HAAHR PO BOX 14506 SPRINGFIELD, MO 6584 (417) 693-2138
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)
8/7/18 134th DISTRICT STATE REPRESENTATIVE
Election Date Office Sought & Political Subdivision REPUBLICAN SUPPORT
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)

[x] 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.

[Signature] Committee Treasurer
[Signature] Candidate (Candidate Committees Only)
MO 300-1308 Packet (Rev. 12/2016) Form must be completed in full & contain original signature(s), fax filings are not accepted. Page 1 of 3