



Office Use:
C201510

Statement of Committee Organization

1. Statement Information

Date: 11/25/2020
Type: New Amended (if amending, enter MEC ID _____ & section changed _____)

2. Committee Information

Friends of Steve Helms
Name of Committee

2261 E Kirkwood Springfield, MO 65804 (417) 501-6883
Committee Mailing Address, City, State, & Zip Telephone Number

[REDACTED] Greene County Clerk
Official Committee Email Address County Clerk, Board of Election Commissioners, Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

Tom Fowler [REDACTED]
Treasurer's Name (First & Last) Treasurer's Email Address (optional)

PO Box 330 Turners, MO 65765 (417) 818-5100
Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

Virginia Helms [REDACTED]
Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)

2261 E Kirkwood Springfield, MO 65804 (417) 459-6100
Deputy Treasurer's Mailing Address, City, State, & Zip Phone 1 Phone 2

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

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)

[REDACTED] [REDACTED] [REDACTED]
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)

Steve Helms 2261 E Kirkwood Springfield, MO 65804 (417) 459-6200
Name & Mailing address, City, State, & Zip of Candidate Phone 1 Phone 2

08/02/2022 State Republican
Election Date Office Sought & Political Subdivision Political Party Support or Oppose

Representative/Missouri
House of Representatives

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)

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.

ELECTRONICALLY FILED Nov 25 2020 09:07 AM
Committee Treasurer

ELECTRONICALLY FILED Nov 25 2020 09:07 AM
Candidate (Candidate Committees Only)