

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 MAR 15 AM 11:30
Office Use Only
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
ELECT JIM EVANS

ADDRESS (number and street) (Check if address is changed) 6271 S FARM ROAD 67
REPUBLIC MO 65738
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) ELECTJIMEVANS@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) jimevans.me

2. DATE 03'09'2012

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Shirley Huffman

Signature of Treasurer Shirley Huffman Date 03'09'2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

12030754348

Write or Type Committee Name

ELECT JIM EVANS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid line]

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

JIM EVANS

Mailing Address

6271 S FARM ROAD 67

[Empty grid line]

REPUBLIC

MD

65738

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number 417-224-4482

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

DR SHIRLEY HUFFMAN

Mailing Address

3331 S FARM ROAD 187

[Empty grid line]

SPRINGFIELD

MD

65809

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 417-887-3258

12030754350

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

LIBERTY BANK

Mailing Address

2423 W REPUBLIC ROAD

SPRINGFIELD MO 65807

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

12030754351

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked



3/15/12

PREPARER
 (3/2005)

DATE PREPARED

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