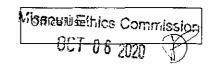


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

Statement Information		· 在中国的 1885年 1895年 1
	1164 & section cl	
Type. New Amended (if amending, enter falle in)	& section of	rangeu
Lincoln PAC	2 <u>1921 </u>	***************************************
4304 E Serenade St Springfield, MO 6580	9	(417) 894-3213 Telephone Number
Committee Mailing Address, City, State, & Zip	Shane Schoeller	Greene County
Committee Type: Campaign Candidate Continuing (F		oners, or Federal PAC/Out of State Committee Dioratory
Treasurer/Deputy Treasurer Information		ينه را معين لا الأواد المام منه ي المناسب
Thomas Dale Replogle Treasurer's Name (First & Last) 4304 E Serenade St Springfield, MO 65809 Treasurer's Malling Address, City, State, & Zio	(417) 8943213 Treasurer's Home Tolophone Number	(417)8943213 Treasurer's Work Telephone Number
Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optiona	ot)
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	r Dep. Treasurer's Work Telephone Number
Additional Committee Information		
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Ad	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 Official Bank Account Information (required by all committees)	? 🗌 Yes (refer to instructions or	n back) 🗌 No
· accommodate to the state of t		
Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	()	()
Name & Mailing Address, City, State & Zip of Candidate Ment	Telephone Number (Candidate Committee	s Only)
Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppase
Signature(s) _ Check certification(s) & sign (required by all comm	nittees)	
affirm and attest under penalty of perjury that information are further acknowledge that I am aware that any false statement or	· · · · · · · · · · · · · · · · · · ·	
Committee Treasurer	Candidate (Candidate Committees Only)	