

C091272



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

MO Ethics Commission

MAR --5 2024

Rec'd by email

Statement of Committee Organization

1. Statement Information

Date: 02/27/2024

Type: New Amended (if amending, enter MEC ID C091272 & section changed 2 and 6)

2. Committee Information

Friends of Lincoln Hough

Name of Committee

PO Box 121 Springfield, MO 65801

Committee Mailing Address, City, State, & Zip

Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

3. Treasurer/Deputy Treasurer Information

J Howard Fisk

Treasurer's Name (First & Last)

PO Box 10405 Springfield, MO 65808

Treasurer's Mailing Address, City, State, & Zip

Treasurer's Email Address (optional)

Treasurer's Home Telephone Number

Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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 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)

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)

Lincoln P Hough 662 S Kickapoo Ave Springfield, MO 65804

Name & Mailing Address, City, State & Zip of Candidate

08/06/2024

Election Date

Lieutenant Governor

Office Sought & Political Subdivision

Telephone Number (Candidate Committees Only)

Republican Party

Political Party

Support

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)

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.

Committee Treasurer

Candidate (Candidate Committee Only)

Handwritten initials