

Office Use: *Missouri Ethics Commission*  
DEC 01 2014

# Statement of Committee Organization

**1. Statement Information**

Date: 11/17/14  
Type:  New  Amended (if amending, enter MEC ID C091272 & section changed 6)

**2. Committee Information**

Name of Committee: Friends of Lincoln Hough  
Committee Mailing Address, City, State, & Zip: Po Box 121 Springfield, MO 65801  
Telephone Number: (417) 848-7902  
Official Committee Email Address: \_\_\_\_\_  
County Clerk or Board of Election Commissioners: Richard Struckoff  
Committee Type:  Campaign  Candidate  Continuing (PAC)  Debt Service  Exploratory  Political Party

**3. Treasurer/Deputy Treasurer Information**

Treasurer's Name (First & Last): J Howard Fisk  
Treasurer's Mailing Address, City, State, & Zip: PO Box 10405 Springfield, MO 65808  
Treasurer's Email Address (optional): \_\_\_\_\_  
Treasurer's Home Telephone Number: (417) 862-2900  
Treasurer's Work Telephone Number: (417) 862-2900  
Deputy Treasurer's Name (if one appointed): \_\_\_\_\_  
Deputy Treasurer's Mailing Address, City, State, & Zip: \_\_\_\_\_  
Deputy Treasurer's Email Address (optional): \_\_\_\_\_  
Dep. Treasurer's Home Telephone Number: ( )  
Dep. Treasurer's Work Telephone Number: ( )

**4. Additional Committee Information**

Additional Committee Officer's Name (Title, First, Last): **AMENDMENT**  
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: \_\_\_\_\_  
Account Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**6. Candidate Supported or Opposed (candidate committees must include self, if candidate)**

Name & Mailing Address, City, State & Zip of Candidate: Lincoln Hough 1373 E Commercial St Springfield, MO 65803  
Election Date: 08/09/16  
Office Sought & Political Subdivision: State Rep 135  
Telephone Number (Candidate Committees Only): (417) 848-7902  
Political Party: Republican  
Support or Oppose: Support

**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: *[Signature]*  
Candidate (Candidate Committees Only): *[Signature]*