



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

Office Use:

# Statement of Committee Organization

## 1. Statement Information

Date: 11/16/15  
 Type:  New  Amended (if amending, enter MEC ID C091272 & section changed 6)

## 2. Committee Information

Friends of Lincoln Hough  
 Name of Committee  
PO Box 121 Springfield, MO 65801  
 Committee Mailing Address, City, State, & Zip (417) 848-7902  
 Telephone Number

Shane Schoeller  
 County Clerk or Board of Election Commissioners  
 Official Committee Email Address  
 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  
(417) 862-2900 (417) 862-2900  
 Treasurer's Home Telephone Number Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed)  
 Deputy Treasurer's Mailing Address, City, State, & Zip  
 Deputy Treasurer's Home Telephone Number Deputy Treasurer's Work Telephone Number

## 4. Additional Committee Information

Amendment  
 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)

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

Lincoln Hough 1373 E Commercial St Springfield, MO 65803  
 Name & Mailing Address, City, State & Zip of Candidate (417) 848-7902  
 Telephone Number (Candidate Committees Only)  
08/02/15 Greene County MO Commissioner 2nd District  
 Election Date Office Sought & Political Subdivision Republican Support  
 Political Party 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 Committees Only)