



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

Missouri Ethics Commission

Office Use:

MAY 25 2017

Statement of Committee Organization

1. Statement Information

Date: 05/02/17

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

2. Committee Information

Friends of Lincoln Hough

Name of Committee

10033 North Farm Road 193 Fair Grove, MO 65648

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

Treasurer's Email Address (optional)

(417) 862-2900

Treasurer's Home Telephone Number

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Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

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Dep. Treasurer's Home Telephone Number

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Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

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)

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

Friends of Lincoln Hough 10033 North Farm Road 193 Fair Grove, MO 65648

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

08/04/2020

Election Date

Greene County MO Commissioner 2nd District

Office Sought & Political Subdivision

(417) 848-7902

Telephone Number (Candidate Committees Only)

Republican

Political Party

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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 Committees Only)