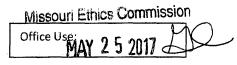


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1. Statement Information Date: 05/02/17				
	Type: \square New \blacksquare Amended (if amending, enter MEC ID \bigcirc 8 section changed \bigcirc 0			
2.	Committee Information			
	Friends of Lincoln Hough			
	Name of Committee 10033 North Farm Road 193 Fair Grove, MO 65648		(417)848-7902	
	Committee Mailing Address, City, State, & Zip	Shane Schoeller	Telephone Number	
	Official Committee Email Address	County Clerk or Board of Election Commission	ners	
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P.	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 Roy 10405 Springfield MO 65808	Treasurer's Email Address (optional) (417 \ 862-2900		
	PO Box 10405 Springfield, MO 65808 Treasurer's Mailing Address, City, State, & Zip	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 (iften)	Additional Committee Officer's Mailing Addre	ss, City, State, & Zip	
	Connected Organization's Name (if any)	Connected Organization's Malling Address, Cit	y, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on b	ack) 🗆 No	
5.	Official Bank Account Information (required by all committees)			
		8 1		
6.	Candidate Supported or Opposed (candidate committees must i	nclude self, if candidate)		
	Friends of Lincoln Hough 10033 North Farm Road 193 Fair Grove, MO 65648	,417 \848-7902	······································	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Or	nly)	
	08/04/2020 Greene County MO Comissioner 2nd District	Republican	Support	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees mu	ust complete this section)		
7.				
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all commi	ittees)		
	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 de			
	Thankell 4 M	1/2/c	}	
	Committee Treature	Candidate (Candidate Computtees Only)		
	/ *U	- "		

MO 300-1308 Packet (Rev. 12/2016)