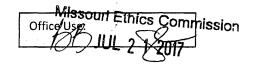


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## **Statement of Committee Organization**

1.	Statement Information	tatement Information		
	Date: 07/12/17	C. 091272	_	
Date: 07/12/17  Type: □ New ■ Amended (if amending, enter MEC ID C901272			nged 6	
2.	Committee Information			
	Friends of Lincoln Hough			
	Name of Committee		447 949 7002	
	PO Box 121 Springfield MO 65801  Committee Mailing Address, City, State, & Zip		(417)848-7902 Telephone Number	
	Committee manage, and our, early and p	Shane Schoeller		
	Official Committee Email Address	County Clerk or Board of Election Commission	ers	
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Pa			
3.	Treasurer/Deputy Treasurer Information			
	J Howard Fisk	· · · · · · · · · · · · · · · · · · ·		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)		
	PO Box 10405 Springfield, MO 65808	(417)862-2900	()	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
1:	Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)		
	Deputy Treasurer's Name (if one appointed)	/ \	/	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
4	Additional Committee Information			
4.	Additional committee information			
	Additional Communication of the state of any last	Additional Committee Officer's Mailing Addres	is, City, State, & Zip	
	AVIENDIVIEN	•	, <b>,</b> ,	
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cit	y, State, & Zip	
	CANDIDATES: Do you have more than one candidate committee?	☐ Yes (refer to instructions on ba	ack) 🗆 No	
5.	Official Bank Account Information (required by all committees)			
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)		
	Lincoln Hough 10033 N FR 193 Fair Grove MO 65648	(417)848-7902	1	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Or	()	
	08/07/18 State Senate District 20	Republican	Support	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees mu	ist 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)			
	$\square$ I affirm and attest under penalty of perjury that information and	facts in this report are complet	e, true, and accurate. I	
	Attorio Dodd 1, 1	X X	1	
	Committee Treasurer	Candidate (Candidate Committees Only)		
further appropriate that I am aware that any false statement or declaration made herein is punishable un			nable under Ch. 575 RSMo.	
	Committee reasurer	Candidate (Candidate Committees Only)		

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