



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

Missouri Ethics Commission

Office Use:

NOV 02 2017

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Statement of Committee Organization

1. Statement Information

Date: 09/15/17

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

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)

Deputy Treasurer's Mailing Address, City, State, & Zip

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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)

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 Commerical St Springfield, MO 65803

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

(417) 848-7902

Telephone Number (Candidate Committees Only)

08/07/18

Election Date

State Senate # 30

Office Sought & Political Subdivision

Republican

Political Party

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.

Howard Fisk

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)