



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

Missouri Ethics Commission  
 DEC 26 2018

# Statement of Committee Organization

## 1. Statement Information

Date: 11/26/18  
 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  
 Official Committee Email Address  
 County Clerk or Board of Election Commissioners  
 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  
 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 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 Hoigh 1373 E Commerical St Springfield, MO 65803  
 Name & Mailing Address, City, State & Zip of Candidate  
08/02/22  
 Election Date  
State Senate # 30  
 Office Sought & Political Subdivision  
(417) 848-7902  
 Telephone Number (Candidate Committees Only)  
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.

[Signature]  
 Committee Treasurer  
[Signature]  
 Candidate (Candidate Committees Only)