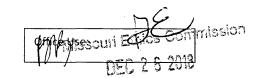


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 11/26/18 C091272		
2.	Type: New Amended (if amending, enter MEC ID C091272 & section changed 6		
۷.	Committee Information Friends of Lincoln Hough		
	PO Box 121 Springfield MO 65801		(417)848-7902
	Committee Mailing Address, City, State, & Zip	Shane Schoeller	relephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	ners
	Committee Type: ☐ Campaign		
3.	Treasurer/Deputy Treasurer Information		
	J Howard Fisk		
	PO Box 10405 Springfield, MO 65808	Treasurer's Email Address (optional)	
	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		•
	ANAENINAENT		
	Additiona Committee Officer's Name a Title (Family)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Ci	ty, 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)	Victoria de la companya della companya della companya de la companya de la companya della compan	
	•		•
	·		/we_c
6.	Candidate Supported or Opposed (candidate committees must		
	Lincoln Hoigh 1373 E Commerical St Springfield, MO 65803 Name & Mailing Address, City, State & Zip of Candidate	(417)848-7902 Telephone Number (Candidate Committees C	Only
	08/02/22	Republican	Support
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	ST NO HARRING STREET
	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 a	· · · · · · · · · · · · · · · · · · ·	1
	Legon Los		
	Committee Treaturer	Candidate (Candidate Committees Only)	

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