



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

MISSOURI ETHICS Commission  
 Office Use:  
 JAN 27 2017

**1. Statement Information**

Date: 01/09/17  
 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 (417) 848-7902  
 Committee Mailing Address, City, State, & Zip Telephone Number  
 Official Committee Email Address  
 County Clerk or Board of Election Commissioners  
**Shane Schoeller**  
 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  
 Treasurer's Work Telephone Number  
 Deputy Treasurer's Name (if one appointed)  
 Deputy Treasurer's Email Address (optional)  
 Dep. Treasurer's Home Telephone Number  
 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  
08/04/2020 Greene County MO Commissioner 2nd District  
 Election Date Office Sought & Political Subdivision  
(417) 848-7902 ( )  
 Telephone Number (Candidate Committees Only)  
Republican Support  
 Political Party 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] [Signature]  
 Committee Treasurer Candidate (Candidate Committees Only)