



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

Missouri Ethics Commission

Office JUN 21 2017

Statement of Committee Organization

1. Statement Information

Date: 06/16/17

Type: New Amended (if amending, enter MEC ID C17 1164 & section changed _____)

2. Committee Information

Lincoln PAC

Name of Committee

4304 E Serenade St Springfield, MO 65809

Committee Mailing Address, City, State, & Zip

(417) 894-3213

Telephone Number

Shane Shoeller

County Clerk or Board of Election Commissioners

Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

Thomas Dale Repogle

Treasurer's Name (First & Last)

4304 E Serende St Springfield, MO 65804

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

Treasurer's Home Telephone Number (optional)

(417) 8943213

Treasurer's Home Telephone Number

(417) 8943213

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

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 10033 N FR 193 Fair Grove, MO 64648

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

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Telephone Number (Candidate Committees Only)

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08/07/18

Election Date

State Senate District 20

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.

Thomas Dale Repogle

Committee Treasurer

Candidate (Candidate Committees Only)