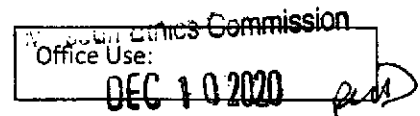




Missouri Ethics Commission (MEC)  
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



## Statement of Committee Organization

### 1. Statement Information

Date: NOVEMBER 25 2020

Type: ☐ New ☒ Amended (if amending, enter MEC ID C091206 & section changed 6)

### 2. Committee Information

PLOCHER FOR MISSOURI

Name of Committee

P.O. BOX 16065 CLAYTON MO 63105

Committee Mailing Address, City, State, & Zip

(314) 821-3326

Telephone Number

Official Committee Email Address

County Clerk, Board of Election Commissioners, or Federal PAC/Out of State Committee

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

### 3. Treasurer/Deputy Treasurer Information

REBECCA SMUGALA-PLOCHER

Treasurer's Name (First & Last)

P.O. BOX 16065 CLAYTON MO 63105

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

Treasurer's Email Address (optional)

(314) 821-3326

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)

DEAN PLOCHER PO BOX 16065 CLAYTON, MO 63105

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

(314) 821-3326

Telephone Number (Candidate Committees Only)

AUGUST 2, 2022

Election Date

STATE REPRESENTATIVE 89TH

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. 375 RSMo.

[Signature]

Committee Treasurer

[Signature]

Candidate (Candidate Committees Only)