

C211628

MO Ethics Commission



Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

DEC 29 2023
Office Use:

Rec'd by email

1. **Statement Information**
Date: 12/31/23
Type: ☐ New ☒ Amended (if amending, enter MEC ID C211628 & section changed 6)

2. **Committee Information**
Diehl for Missouri
Name of Committee
Committee Mailing Address, City, State, & Zip _____ 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**
Treasurer's Name (First & Last) _____ 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**
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)**
Name & Mailing Address, City, State, & Zip of Financial Institution _____ Account Name _____ Account Number _____

6. **Candidate Supported or Opposed (candidate committees must include self, if candidate)**
Name & Mailing Address, City, State & Zip of Candidate _____ Telephone Number (Candidate Committees Only) _____
08/06/2024 State Rep Dist 125
Election Date Office Sought & Political Subdivision 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.

Committee Treasurer Candidate (Candidate Committees Only)

Amendment