



Missouri Ethics Commission (MEC)

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

Statement of Committee Organization

Missouri Ethics Commission

FEB 28 2024

1. Statement Information

Date: 02/16/2024

Type: ☐ New ☒ Amended (if amending, enter MEC ID C091206 & section changed 3)

2. Committee Information

Plocher for Missouri

Name of Committee

PO Box 16065, Clayton, MO 63105

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

John Boyd

Treasurer's Name (First & Last)

214 W Columbia St, Farmington, MO 63640

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

Treasurer's Email Address (optional)

() Treasurer's Home Telephone Number

(573) 664-1650 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)

Dean Plocher PO Box 16065 Clayton, MO 63105

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

August 6, 2024

Election Date

Statewide

Office Sought & Political Subdivision

(314) 821-3326

Telephone Number (Candidate Committees Only)

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.

Committee Treasurer

Candidate (Candidate Committees Only)