



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C081331

OFFICE USE ONLY

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STATEMENT DATE		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 14, 18	
3. FULL NAME OF COMMITTEE Citizens for Diehl					
4. COMMITTEE MAILING ADDRESS ADDRESS: 2404 White Stable Road CITY / STATE / ZIP: Town and Country, Missouri 63131			5. TELEPHONE NUMBER 314-805-3570		
6. TREASURER'S NAME Kelly J. Diehl					
7. TREASURER'S MAILING ADDRESS ADDRESS: 2404 White Stable Road CITY / STATE / ZIP: Town & Country, Missouri 63131			8. TELEPHONE NUMBER HOME: 314-993-9449 WORK: 314-406-9387		
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:			11. TELEPHONE NUMBER HOME: WORK:		
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE			13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK SAVING & LOAN OR CREDIT UNION B. ACCOUNT NAME C. ACCOUNT NO.					
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME John J. Diehl, Jr.				B. ADDRESS 2404 White Stable Road	
				C. TELEPHONE NO.	
				D. POLITICAL PARTY Republican	
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED					
A. NAME(S) OF CANDIDATE(S) John J. Diehl, Jr.		B. ELECTION DATE 08/07/2012	C. OFFICE SOUGHT State Representative	D. POLITICAL SUBDIVISION District 87	E. CHECK ONE SUPPORT <input checked="" type="checkbox"/> OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED					
A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	E. CHECK ONE SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. CANDIDATE'S SIGNATURE		

MO 300-1308 (10-06)

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MISSOURI ETHICS COMMISSION

APR 01 2011

HAND DELIVERED